



# MISSOURI

## STATE BOARD OF NURSING

### NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 107,000 to all RNs and LPNs

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## Message From the President

Authored by Dr. Teri A. Murray, PhD, RN  
Board President

### MSBN Board Activities Fiscal Year 2006

The mission of the Missouri State Board of Nursing is to protect the public by the development and enforcement of state laws governing the safe practice of nursing. Below is an overview of Board activities in Fiscal Year (FY) 2006.



Murray

### Education Committee

The Education Committee assists the Board in safeguarding the health and welfare of the public through defining the minimum standards for entry-level nursing programs and approving qualified nursing programs.

- Missouri has 100 approved nursing education programs: 34 Associate Degree; 21 Baccalaureate; 1 Diploma and 44 Practical Nursing programs. This represents an approximate 10% increase in programs in the past five years. In 2001 there were 91 total programs as compared to the 100 programs in 2006. In registered nurse programs, the greatest increase was associate degree programs from 29 to 34 or 17.24%. Baccalaureate programs increased by 1 school or 5% and diploma programs remained unchanged.
- In FY 2006, there were a total of 3,943 students **admitted** to professional nursing programs and 1,578 students admitted to practical nursing programs. Of those students entering nursing programs: 2,013 were associate degree seeking students; 1,825 baccalaureate degree seeking students; and 105 diploma students.
- In comparison of FY 2006 to FY 2001, Missouri has experienced an increase in admissions in the following programs: associate degree (55.44%); diploma (144.18%) baccalaureate (16.76%); and practical nursing (20.64%); and
- There were 3,669 students who **graduated** from Missouri Schools: 1,465 associate degree; 1,098 baccalaureate, 33 diploma students and 1,073 practical nursing students. This represents a 45.13% increase in graduates from all programs (practical & professional) since FY 2001.

### Licensure Committee

The Licensure Committee assists the Board in safeguarding the health and welfare of the public through licensing qualified individuals.

- There were 2,896 professional nurses licensed by examination and 723 licensed by endorsement as compared to 1,763 and 2,105 respectively in FY 2001.
- For the practical nurses, there were 1,308 licensed by examination; 158 licensed by endorsement. This is an increase of 34.98% of those licensed by exam and

a decrease of 52.26% of those endorsed by the state since FY 2001.

It is important to keep in mind that licensure by examination can include nurses not educated in Missouri.

It is estimated that the U.S. shortage of registered nurses (RNs) will increase to 340,000 by the year 2020 (Auerbach, Buerhaus, & Staiger, 2007). This projection is significantly less than an earlier estimation of 800,000 to 1,000,000 RNs (Bureau of Labor Statistics, 2004). It is theorized that the earlier projection did not take into consideration the workforce supply implications of second career students into the nursing profession.

Missouri has approximately 100,000 licensed registered professional nurses and practical nurses. According to the Missouri Economic and Research Information Center (MERIC), it is projected that Missouri will need 22.65% and 11.38% additional RNs and LPNs respectively by 2012, <http://www.missourieconomy.org/>.

### Discipline Committee

One of the goals of the Discipline Committee is to assist the Board in safeguarding the health and welfare of the public through vigilance of the licensee's compliance with the Nursing Practice Act, <http://www.moga.mo.gov/STATUTES/C335.HTM>.

There were a total of 642 complaints investigated in FY 06. The Board received 1,057 complaints. The distribution of complaint categories was as follows: Criminal (40%); Practice Issues (24%); Alcohol and Drugs (24%); Unlicensed Practice (6%); and Discipline or the licensee being placed on the Employee Disqualification List (6%).

### Practice Committee

The Practice Committee ensures that duly licensed nurses practice according to the Nursing Practice Act. The Practice Committee, through collaboration with a task force, worked diligently to develop an Impaired Nurse Program. This Program will provide a confidential means for the treatment of nurses whose practice suffers as a result of chemical impairment or mental health disorders. This Program will better protect the public by allowing nurses to seek treatment. The Board will keep you updated on this initiative as the details of program are developed.

Successful regulation is a partnership with hospitals, schools, and professional organizations. The board members are appreciative and grateful for the efforts and assistance provided by these groups in ensuring an adequate workforce to provide health care to Missourians.

### Reference:

Auerbach, D.I., Buerhaus, P.I. & Staiger, D.O. (2007). Better late than never: Workforce supply implications of later entry into nursing. Health Affairs (26),1, 178-185.

Bureau of Labor Statistics, United States Department of Labor. (2004). Economic and employment projections. Retrieved on August 14, 2005 from <http://www.bls.gov/news.release/ecopro.toc.htm>.

U.S. Department of Health and Human Services, Health Resources and Services Administration.

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The Honorable Matt Blunt

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## Welcome to New Board Member

We are pleased to announce that **Autumn Hooper, RN** was appointed to the Board of Nursing on April 26, 2007 by Governor Matt Blunt. Autumn received her diploma in nursing from Missouri Baptist School of Nursing in 1992. She is pursuing her BSN at Webster University.

She is currently working as a Registered Nurse at St. Anthony's Medical Center in St. Louis. This role includes working as a critical care nurse in the intensive care units and as the Rapid Response Nurse. She also works as the evening/night shift House Supervisor. She has worked in Cardiology services as a Charge Nurse and as the Nurse Manager for The Interventional Cardiac Care Unit, Cardiac Rehabilitation and the Chest Pain Unit. Her other nursing experience has been in a variety of adult critical care settings.

Autumn attends church regularly and has been involved with foreign mission work as well as working with children at vacation bible school, church camps and youth camps.

She resides in South St. Louis County with her husband Leonard. They enjoy an array of outdoor activities including mountain biking, shooting sports, and spending time at the river with their two dogs.

Join us in welcoming Autumn to the Board of Nursing



Hooper

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## Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

# Executive Director Report

Authored by Lori Scheidt, Executive Director

### Legislative Update

The legislative session is over until next January. In order to determine if bills actually passed, you can check the final disposition of bills at <http://www.moga.state.mo.us>

### Patient Safety Bill

Two versions of the patient safety bill passed this session; house bill 780 and senate bill 308.

Representative Tim Meadows (Democrat—District 101) has worked with our office and nursing stakeholders across the state for several years on patient safety initiatives and was the first bill sponsor for the patient safety initiatives bills. Representative Ellen Brandom (Republican—District 160), Representative Jay Wasson (Republican—District 141), Senator Jason Crowell (Republican—District 27) and Senator Delbert Scott (Republican —District 28) joined Representative



Scheidt

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Meadows in his efforts. We sincerely thank all of our legislative sponsors and supporters for their continued willingness to champion this progressive reform aimed at improving patient safety.

Passage of this bill indicates Missouri’s commitment to the future of nursing regulation. The bill has several key components that will protect the public in the 21st century. If a complaint is filed against a nurse and the Missouri State Board of Nursing determines that no disciplinary action should be taken against the nurse, the complaint will be sealed. In addition, language was amended to clarify that employers only need to report disciplinary action of a nurse if the action is grounds for disciplinary actions according to the professional licensing law for that health care professional. Language was also added to require temporary nursing staffing agency to report discipline of a nurse. The bill also grants the Missouri State Board of Nursing expedited hearing and default hearing authority.

The title “nurse” would be protected under this bill. Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared and incompetent. Persons receiving health care and those employing nurses have a right to know whether they are dealing with a legally qualified nurse. Reserving the title “Nurse” for those who meet the legal standard allows the public to distinguish legally qualified nurses from other nursing care providers. In addition, impersonating a nurse would now be a felony instead of a misdemeanor.

Passage of the bill will also allow for an impaired nurse program that would provide a confidential means for treatment of nurses whose practice is impaired due to chemical dependence and mental disorders in order to provide increased protection of the public by allowing nurses to seek treatment. It will promote the health and safety of the public and the nurses’ recovery by encouraging early identification and close monitoring of nurses who are impaired due to chemical dependency and mental illness.

Finally, the bill would allow for a retired nurse license status which will allow nurses to volunteer their services without compensation under a retired license. I am very excited about this new license status because, “*Retired professionals are unused treasures of professional experience, skills and life experience.*”

Some rules will need to be written to implement the statute changes. We will keep you updated in upcoming issues of our newsletter.

Prescriptive Authority for Advanced Practice Registered Nurses (APRNs)

Prescriptive authority for advanced practice registered nurses was not passed. This was a hot topic of debate this session. I urge you to contact your representative and senator and let them know where you stand on this issue.

Department Reorganization Bill

Since an August 28, 2006 Governor’s Executive Order, the Division of Professional Registration has been operating under a newly created Department of Insurance, Financial Institutions and Professional Registration. Senate Bill 164 would formally revise the statutes to implement the Governor’s Executive Order and shorten the new department name to Department of Insurance, Financial and Professional Regulation. This bill did not pass. We will continue to operate under the Governor’s Executive Order.

Board of Nursing Budget

Our budget was approved. There were a couple of senate bills that would have taken some of our fund and placed it to the credit of general revenue. These bills did not pass.

The Board agrees that Boards should have limits on the amount of fees they can collect. We are limited under state statutes found in Chapter 335.

Other Bills of Interest

There were many healthcare bills passed this session. Since we are a regulatory agency, this article just includes legislation related to regulation of the profession.

**House Bill 579—(Representative Tom Dempsey, Republican—District 18)** Allows for the deployment of health care professionals licensed, registered, or certified in Missouri or any other state in an emergency and grants them immunity from civil damages

**HB 182—(Representative Mark Bruns, Republican —District 113)** Establishes the

Outside the Hospital Do-Not-Resuscitate Act to permit the execution of do-not-resuscitate orders for use by emergency medical providers for patients receiving treatment outside a hospital. This bill did pass.

**HB 497 (Representative David Sater, Republican—District 68)** Establishes guidelines for the licensure and supervision of physician assistants. This bill did pass.

**HB 749 (Representative Tom L. Loehner, Republican —District 112)** Changes the definition of "qualified employment" as it applies to the professional and practical nursing student loan program. A companion bill was filed in the Senate as SB 513 by Senator Dan Clemens, Republican from District 20. The companion bill of SB 513 passed.

Your Role in the Legislative Process

Nurses represent over 28% of professionals licensed within the Missouri Division of Professional Registration.

The Fall 2003 issue of *John Hopkins Nursing* indicated that “by some estimates, 1 of every 45 potential voters is a nurse. But in the legislative arena, the nursing profession lacks the clout these numbers suggest.”

We urge you to study all facets of the issue being considered and know your facts. Be able to tell your legislator what impact a bill will have on his or her constituents. Know the opposing viewpoint. Every issue has two sides.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

Missouri Nursing Coalition Update

At their June 6, 2007 meeting, the Missouri Nursing Coalition agreed on a project to collect and analyze nurse data. The Board currently collects data through an online survey. The coalition will seek input from their members on the survey instrument. The coalition recognizes that Missouri needs workforce data and analysis to assist in developing nursing workforce policy, identifying policy issues, and recommending strategies to proactively address these issues. The aggregate data also needs to be de-identified and available to healthcare employers and other stakeholders.

The purpose of the Missouri Nursing Coalition is to demonstrate unity through collaboration to improve nursing practice in Missouri

The Missouri Nursing Coalition is comprised of the President and Executive Director of each of the following organizations.

1. Missouri League for Nursing (MLN)
2. Missouri Nurses Association (MONA)
3. Missouri Organization of Nurse Leaders (MONL)
4. Missouri State Association of Licensed Practical Nurses (MoSALPN)
5. Missouri State Board of Nursing (MSBN)

References

John Hopkins Nursing Online magazine. Nurses Vote!  
<http://www.son.jhmi.edu/JHNmagazine/archive/fall2003/pages/coverfea.html>



## Former Board President Named Outstanding Missourian



**Pictured from left to right: Representative Nathan Cooper, Dr. Karen Hendrickson and Senator Jason Crowell**

Former Board President, Dr. Karen Hendrickson of Cape Girardeau was named as an "Outstanding Missourian" by the Missouri House of Representatives on April 11, 2007. Dr. Hendrickson was a member of the Missouri State Board of Nursing from 1992 to 1996 and served as Secretary/Treasurer, Vice-President and President.

In a press release dated April 12, 2007, Senator Jason Crowell (R-Cape Girardeau) and Representative Nathan Cooper (R-Cape Girardeau) recognized Dr. Karen Hendrickson of Cape Girardeau for being a recipient of the Outstanding Missourian Award on April 11, 2007. Hendrickson was acknowledged by the Senate and House of Representatives for her accomplishments, achievements, and service to the state of Missouri.

"Dr. Hendrickson has devoted her career to helping students develop into knowledgeable, caring, and responsible nurses. She has also dedicated herself to providing quality service for her patients," said Sen. Crowell. "It is obvious that she is both a leader and an educator who is a benefit to our community."

Since 1982, Hendrickson has been the vice president and chief nursing officer for Southeast Missouri Hospital. In addition to serving as president of the Board of Nursing, she has also served as president of the Missouri Organization of Nurse Executives. Hendrickson also played an instrumental role in founding the Cape Girardeau Area Career and Technology Center's School of Nursing and Health Sciences.

"I am proud of the work that Karen has done and I am thankful that such a devoted citizen is in the 27th District," said Sen. Crowell. "We are certainly lucky to have her, and I congratulate her on all of her accomplishments."

# Investigations Corner

Authored by Quinn Lewis  
Investigations Administrator

## Diversion Complaints

The Board receives numerous complaints each year pertaining to the theft and misappropriation of controlled medications. Unfortunately, theft of controlled medications and drug use are major problems in the healthcare field. Whether it's for personal consumption or resale, illegal drug use and stealing medications pose a significant threat to public safety.

Due to the shortage of nurses, administrators are often faced with the difficult task of maintaining adequate staff while ensuring patients are not put at risk by nurses who are diverting/using drugs. If sufficient evidence of diversion is detected, it should be taken seriously. Obtaining a controlled substance through fraud, deceit, misrepresentation, or subterfuge is a class D felony. Therefore, sometimes a facility may encounter a situation that requires involving law enforcement. Appropriate steps should be taken to protect the public including reporting the diversion to the Board of Nursing

To submit a well-prepared diversion complaint to the Board remember to include as many details as possible. The following information will give you an idea of what the Board needs.

## Red Flags

First, describe to the Board what alerted you to the suspected diversion. There are indicators that should arouse your suspicion that an individual is diverting drugs. A few examples of these red flags include:

- The nurse makes numerous mistakes that are uncommon for someone with their experience.
- There are excessive documentation errors involving controlled medications.
- The nurse withdraws and documents administering a disproportionate amount of controlled medications compared to other nurses assigned to the same patients.
- The nurse withdraws controlled medication for patients not assigned to him/her.
- The patients complain of not receiving their controlled medications on this nurse's shift.
- The nurse withdraws controlled medications for patients with no orders for that medication.

## Documentation

Next, include documentation that tracks the medication, such as the Pyxis printout, waste reports, doctor's orders,



**Lewis**

and medication administration records. The Board realizes there is a concern as to what information can be released due to stringent HIPAA Laws. HIPAA allows covered entities to disclose protected health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations. HIPAA also allows covered entities to release de-identified information. De-identified means that all identifiers have been removed from the protected health information that would identify the patient.

## Drug Screens

Was a urine drug screen performed? When diversion is suspected a drug screen should be administered immediately. Please include the results of the drug screen when you submit your complaint.

## Witnesses

Did anyone witness the alleged diversion? Submit signed witness statements along with contact information.

## Patient Outcome

Was the patient harmed? Include information indicating if there was any patient harm involved. If patient harm was involved, please describe this in detail.

On occasion, we receive complaints from medical facilities that detected diversion by a nurse and decided to place the nurse in an employee assistance program in lieu of termination and subsequent reporting to the Board of Nursing. Paragraph five of 4 CSR 200-4.040 (Mandatory Reporting Rule) gives the facility the option of placing the nurse on a voluntary monitoring system. If the facility decides to take this route rather than take disciplinary action, the facility does not have to report the nurse.

4 CSR 200-4.040 (5) states that; In cases where a nurse voluntarily submits to an employee assistance program (EAP) or to a rehabilitation program for alcohol or drug impairment and no disciplinary action is taken by the facility, the facility is not mandated to report, but may report. If the nurse is subsequently disciplined by the facility for violating the provisions of the employee assistance program or voluntarily resigns in lieu of discipline, the facility must report the nurse under the provisions of 4 CSR 200.040 (1) (2) (3) (4) of the Mandatory Reporting Rule.

If a nurse does not abide by the terms of the agreement set forth by the facility, the facility will usually terminate the nurse and submit a complaint to the Board. The report submitted should include documentation that outlines both the initial conduct and the current reason for discipline.

Providing complete and accurate information when submitting complaints helps the Board to process and expedite the completion of investigation of all complaints. The Board appreciates your cooperation in this matter and employers commitment to reporting drug diversion and appreciates employers' commitment to reporting drug diversion.

# Discipline Corner

Authored by Janet Wolken, RN  
Discipline Administrator

**Missouri State Board of  
Nursing  
Discipline Committee  
Members:**

- Charlotte York, LPN, Chair
- K’Alice Breinig, RN, MN
- Autumn Hooper, RN
- Clarissa McCamy, LPN
- Amanda Skaggs, RNC, WHNP

Right out of nursing school we are filled with high expectations of ourselves and others. As we become more familiar with nursing practice we tend to pick up some “bad” habits or maybe we just get a little “too comfortable” in some of our practices. Unfortunately, some of these “bad” habits become complaints against a nursing license and an alleged violation of the Nursing Practice Act. I urge every nurse to look at their own practice and think about some habits they may have developed that might be viewed as poor nursing practice.

One of the most difficult, unending, and yet so very important tasks that a nurse has is documentation. “If it wasn’t documented then it wasn’t done” is a phrase we all learn early in school and we should be aware of every shift we work. I cannot begin to express the importance of accurate documentation. The information that is documented is important in the day to day care of the client. It is also important if you ever need to legally defend yourself in court. Please be sure that it is accurate and complete.

Each facility has a different documentation system; it may be paper, computer, or a combination of both. It may be narrative, initial, or use acronyms or abbreviations (such as w/d is warm and dry). Every facility has their own policies and procedures related to the timing and placement of documentation. Some tasks may need to be documented in three places, some in just one. Every place has approved abbreviations.

A bit of advice is to follow those policies and procedures. If you don’t see the need for charting the same thing in multiple places then you need to talk to your manager. The people who inspect and accredit facilities set certain standards that they expect to be met. If a pain med is to be charted on the MAR, in the pain field in the nurse’s notes, and then a follow up documentation of “did the pain medicine work” is to be charted in the PRN follow up area



Wolken

there is probably a good reason for that policy.

I don’t want to make anyone paranoid but if you think that someone is watching your work, they probably are. Facilities have many quality assurance reports that they can look over to be certain that what a nurse charts is actually what happened. In this day and age of electronics your employer may know if and when you did a glucoscan, if and when you charted those 6 AM nurses notes. If you did not do those scans, then don’t chart that you did. If you are closing out your entire shift charting at 2:00 AM, the computer knows that you pre-charted. If you sit down immediately after report and chart all of your assessments, the computer knows what time you charted and your manager knows that you didn’t have adequate time to complete all of the assessments.

Know the procedure for charting. With computer charting be aware of what is “left behind” by the previous nurse. Does the entire assessment remain in place unless you change it, will your electronic signature be associated with an assessment or parts of an assessment that you didn’t do but didn’t delete. For instance in the case of a daily dressing change that was completed on the previous shift, if you do not delete the previous information when you chart your assessment will it now appear under your signature? It is important that you complete your own assessment, chart it and not take “credit” or “blame” for anyone else’s assessment.

If you are in a situation where a second signature or initials are required and the second person is unable to sign, then know and follow the policy. If you are seeing a patient in the home, and they are unable to initial a visit report, know what procedure to follow. Do you document that the nurse completed the initials? Is it not allowed by policy? What is the proper procedure to follow? It is never okay to sign another person’s initials without supporting documentation.

If your pyxis report says that you withdrew a controlled substance at 10:00 AM, then the MAR shouldn’t reflect administration at 9:30 AM. Please check facility policy, it may not allow an employee to withdraw multiple doses of a controlled substance in the morning because you “know” this patient always takes PRN pain medicine at a certain time. The facility can run a report to see what time it was withdrawn and what time it was administered. Know your facility policy on pyxis overrides, if it is allowed and in what situations is it allowed. Overrides of the machine often skip the double check that the pharmacy does to ensure correct dose, correct medication, correct route, no allergies etc.

Nurses frequently withdraw, administer, and waste a controlled substance. The policies concerning controlled substances are policies that a nurse should be very familiar

with and should not become “too comfortable” with. Have you ever not witnessed the waste, but signed that you did? Have you ever asked someone to witness the waste of a medication that you already wasted and they did not observe you waste it? These both would be a violation of a controlled substance waste procedure.

The nurse who withdraws the medication from the pyxis should choose the vial closest to the amount to be administered. If you plan on administering 30 mg, withdraw a 50 mg vial not a 100 mg vial. As the person who withdrew the medication it is your responsibility to ensure that the amount you administer and the amount you waste equals the total amount withdrawn from the pyxis. As the witness it is your responsibility to know what amount you are signing that was wasted. It is okay to question why a coworker used the 100 mg vial instead of the 50 mg vial. Perhaps they are not familiar with what is stocked in the pyxis.

Nurses are professionals; to be treated professionally we need to act and speak professionally. Each person has a different tolerance level for curse words. Some people use them in their “normal” conversation and think nothing of it. However, other people find even the most minor of swearing offensive. As a nurse keep in mind what people hear or overhear. Where is it appropriate to use a curse word: At the station? In the break room? During report? How about none of the above? Be aware of your surroundings when talking to other staff, on a personal phone call, and to patients. Recognize the characteristics or “habits” of your speech to determine if your language pattern may appear inappropriate to others.

As nurses we can understand why some of the “bad” habits mentioned above occur. Think about it as you go about the practice of nursing. Be aware that sometimes getting “too comfortable” may lead to an alleged violation of the Nursing Practice Act.



# Education Report

Authored by Lori Scheidt, Executive Director

Missouri State Board of Nursing Education Committee Members

- Teri Murray, PhD, RN, Chair
- K’Alice Breining, RN, MN
- Linda K. Conner, BSN, RN
- Kay Thurston, ADN, RN

The proposed rules to the minimum standards for practical and professional nursing programs were published in the June 1, 2007 issue of the *Missouri Register*. Anyone may submit comments on the proposed rules to the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075 or via email at [lori.scheidt@pr.mo.gov](mailto:lori.scheidt@pr.mo.gov).

Your input is a valuable source of information for the Board. After the Minimum Standards Task Force and Board reviews comments, the Board will file a final order. A summary of the comments and whether the Board made changes to the rule based on those comments will be indicated in the final order. A final order of rulemaking is the last step to getting a proposed rule into the *Code of State Regulations* and thus getting the proposed rulemaking effective. After a final order of rulemaking is filed, it is published in the *Missouri Register*, and, then at the end of the same month in which it was published in the *Missouri Register*, it is published in the *Code of State Regulations*. Unless a different effective date is selected, the rulemaking becomes effective thirty (30) days after its publication in the *Code*.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2200—State Board of Nursing

Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

20 CSR 2200-2.001 Definitions

PURPOSE: This rule defines terms used in 20 CSR 2200 and throughout this chapter.

- (1) When used in 20 CSR 2200-2, the following terms mean:
- (A) Accredited—The official authorization or status granted by an agency for a program or sponsoring institution through a voluntary process;
  - (B) Administrator—Registered professional nurse with primary authority and responsibility for

- administration of program, regardless of job title;
- (C) Approved—Recognized by the board as meeting or maintaining minimum standards for educational programs preparing professional nurses;
- (D) Annual survey—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;
- (E) Associate degree program—Program leading to associate degree in nursing conducted by an accredited degree granting institution;
- (F) Baccalaureate degree program—Program leading to baccalaureate degree in nursing conducted by an accredited degree granting institution;
- (G) Board—Missouri State Board of Nursing;
- (H) Campus—A specific geographic program location with a distinct student body and coordinator at which all appropriate services and facilities are provided;
- (I) Certificate of approval—Document issued by the board to programs of nursing which have met minimum standards;
- (J) Class—A discrete cohort of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;
- (K) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group or community;
- (L) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;
- (M) Conditional approval—Status of a program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the program conforming to the requirements and recommendations within a time period set by the board;
- (N) Cooperating agency—A corporation, hospital or other organization which has a written agreement with the program to provide clinical education opportunities;
- (O) Coordinator—Registered professional nurse with authority and responsibility for a campus nursing program as delegated by the administrator of the nursing program;
- (P) Course objectives—Measurable statements that guide experiences and activities that help learners meet established requirements for a specific course;
- (Q) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application for licensure;
- (R) Diploma program—Program leading to diploma in nursing sponsored by a health care institution;
- (S) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;
- (T) Distance learning—Curriculum provided from a main campus location to another geographic location, primarily through electronic or other technological methods;
- (U) Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory or country;
- (V) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation and evaluation of philosophy/mission, objectives and curriculum of nursing program;
- (W) Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;
- (X) Generic—Initial educational program in nursing leading to entry-level licensure;
- (Y) Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;
- (Z) Graduate competency—Individual graduate behaviors;

- (AA) Grievance policy and procedure—An established procedure for processing complaints; may also be known as a complaint procedure, due process, appeals procedure or problem resolution;
- (BB) Initial approval—Status granted a program of professional nursing until full approval status is granted or denied;
- (CC) Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;
- (DD) Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;
- (EE) Multiple campuses—Distinct and separate geographic location offering the same program, providing the same services, and operated by the same sponsoring institution;
- (FF) NCLEX-RN® examination—National Council Licensure Examination for Registered Nurses;
- (GG) Objectives—Measurable statements describing anticipated outcomes of learning;
- (HH) Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;
- (II) Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;
- (JJ) Philosophy—A composite of the beliefs that the faculty accepts as valid and is directly related to curriculum practices;
- (KK) Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;
- (LL) Preceptor—Registered professional nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;
- (MM) Program—Course of study leading to a degree or diploma;
- (NN) Program outcomes—Measurable statements defining aggregate student achievements;
- (OO) Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;
- (PP) Satellite location—A site geographically separate from but administered and served by a primary program campus;
- (QQ) Sponsoring institution—The institution that is financially and legally responsible for the nursing program;
- (RR) Statement of need—Current evidence of need for professional and practical nurses and of community support;
- (SS) Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and
- (TT) Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party’s responsibilities for the education of nursing students.

20 CSR 2200-2.010 Approval

PURPOSE: This rule defines the approval status and process for programs of professional nursing.

- (1) Generic programs granting diploma, associate degree or baccalaureate degree with a major in nursing shall obtain approval from the board.
- (2) Purposes of Approval.
- (A) To promote the safe practice of professional nursing by setting minimum standards for programs preparing entry-level professional nurses.
  - (B) To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, countries, or a combination of these.
  - (C) To encourage continuing program improvement through assessment, evaluation and consultation.
  - (D) To assist programs of professional nursing in developing and maintaining academic standards (didactic and clinical) that are congruent with current educational and nursing practice standards.
- (3) Classification of Approval.
- (A) Initial approval is the status granted a program of professional nursing until full approval is granted or denied.

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- (B) Full approval is the status granted a program of professional nursing after the program has graduated one (1) class and has met and continues to meet regulations or requirements.

(C) Conditional approval is the status of a program that has failed to meet or maintain the regulations or requirements set by the board.
- (4) Initial Approval Status.

(A) Process for Obtaining Initial Approval:

1. An institution desiring to establish a program of professional nursing shall submit a letter of intent to the board at least three (3) months prior to the submission of a proposal. The letter of intent must include: the mission statement of the sponsoring institution; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program. The board will make the letter of intent available to all programs of nursing in the state via its website;

2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

3. A program proposal shall be written and presented to the board by the administrator of the proposed program. The proposal shall bear the signature of the administrator who shall meet the criteria in 20 CSR 2200-2.060(1)(B) and shall be active in the position on a full-time basis at least nine (9) months and preferably one (1) year prior to the entry of the first class. Fourteen (14) copies of the proposal must be submitted with the required application fee. The proposal must be prepared following the reporting format and include each component as indicated in paragraph (4)(A)4. of this rule. Board approval of the proposal with or without contingencies must be obtained no later than six (6) months prior to the anticipated opening date;

4. A proposal submitted shall contain the following information:

A. Statement of need and feasibility study, which includes:

(I) Documentation of the need for the nursing program including community and economic development need, rationale for why the program should be established, and documentation of employers' need for graduates of the proposed program;

(II) Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

(III) Number and source of anticipated student population;

(IV) Letters of support for the proposed nursing program; and

(V) Source of potential qualified faculty;

B. Curriculum.

(I) Philosophy/mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours for all courses;

C. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Formal complaint procedure.

(VIII) Availability of student services and personnel;

D. Faculty.

(I) Number of full-time and part-time faculty.

(II) Position descriptions;

E. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions;

F. Sponsoring institution.

(I) Evidence of authorization to conduct the program of professional nursing by the governing body of the sponsoring institution.

(II) Evidence of accreditation by an agency recognized by the United States Department of Education.

(III) Provision of administrative structure/organizational charts of the sponsoring institution and the nursing program.

(IV) Evidence of financial stability and resources of the sponsoring institution and the program of nursing; and

G. Facilities.

(I) Description of educational facilities to be used by the professional nursing program such as classrooms, library, offices, clinical skills laboratory, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, and technology.

(III) Description of proposed clinical sites that will provide appropriate educational experience.

(IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences;

5. Site survey. A representative from the board shall make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130; and

6. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130.

(B) Throughout the period of initial approval, the program shall be evaluated at least annually.

(C) Upon graduation of the program's first class and receipt of results of the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), the board will review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey (if conducted);

3. Report of National Council Licensure Examination for Registered Nurses results (see 20 CSR 2200-2.180(1)); and

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4. Identification and analysis of class graduation rate.
- (D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) year, deny approval or grant full approval.
- (5) Full Approval Status.

(A) Annual Survey. Each program and each campus of each program shall complete and submit the board’s annual survey prior to the established deadline. Following review by the board, each program shall be notified of the board’s action(s).

(B) Five (5)-Year Survey. Each approved program and each campus shall be surveyed every five (5) years from the first year of full approval. Either an on-site survey or a paper survey may be conducted. If a nursing program is accredited by a national recognized nursing accrediting body and accredited by the Higher Learning Commission North Central Association of Colleges and Schools, the Missouri Department of Higher Education, the Accrediting Council for Independent Colleges and Schools, or other accrediting body recognized by the United States Department of Education, a five (5)-year on-site survey may be deferred. A paper review will include the accreditation self-study report, recommendations made by the accrediting body, graduation rates and other information as required by the board. Copies of correspondence regarding changes in accreditation status shall be submitted to the board within thirty (30) days of the program’s receipt of such.

(C) Additional Visits/Surveys. A representative of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.
- (6) Conditional Approval Status.

(A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program and the administrator will be requested to respond to those concerns.

(B) A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(C) A program’s approval may be withdrawn pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board shall, after notice and hearing, be removed from the board’s listing of approved programs.
- (7) Annual Registration Requirements:

(A) An application for annual registration shall be sent to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register;

(B) A separate annual registration form and designated fee as established in 20 CSR 2200-4.010(1)(F) shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year; and

(C) A program’s approval status shall be subject to review by the board if the required registration fee is not received within thirty (30) days of the June 1 deadline.

**20 CSR 2200-2.020 Discontinuing and Reopening Programs**  
*PURPOSE: This rule establishes the procedures for discontinuing and reopening programs of professional nursing.*

(1) Program Discontinuation.

(A) A letter of intent shall be submitted to the board, at least six (6) months and, preferably, one (1) year prior to closing the program and shall include:

1. Closing date; and

2. Plans for completion of program for currently enrolled students.

(B) The plan for closure must be approved by the board prior to implementation.

(C) Date of completion on the diploma or degree shall be on or before the official closing date of the program.

- (D) Application for registration with the required fee shall be submitted annually to the board as long as there are students in the program.
- (E) Classroom and clinical instruction approved by the board shall be provided until the designated date of closing. The sponsoring institution shall be responsible for providing a complete educational program for the currently enrolled students or shall provide a mechanism for transfer.
- (F) Records for all graduates and for all students who attended the program shall be filed in the manner used by the institution conducting the program.

1. Transcripts of all courses attempted or completed by each student attending the program shall be maintained by the designated custodian. Provisions for obtaining copies of transcripts shall be maintained.

2. If the program closes but the sponsoring institution continues, that institution shall assume the responsibility for the records and notify the board, in writing, of the location of the storage of the records.

3. If both the program and the sponsoring institution close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian.
- (2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-2.010(4)(A).

**20 CSR 2200-2.030 Change of Sponsorship**  
*PURPOSE: This rule defines the procedure for a change of sponsorship of a professional nursing program.*

(1) The institution assuming the sponsorship of an approved program shall notify the board in writing within ten (10) working days after the change of sponsorship.

(2) A change in sponsorship form provided by the board shall be completed and returned within thirty (30) days of receipt of the form.

(3) Any proposed changes that affect the criteria included in 20 CSR 2200-2.010(4)(A)1.–4. must be approved by the board prior to implementation.

(4) Program documents shall be changed to indicate the appropriate sponsor.

**20 CSR 2200-2.035 Multiple Campuses**  
*PURPOSE: This rule defines the procedures for multiple campuses.*

(1) Each campus of a program will be treated independently for purposes of compliance with the minimum standards set forth by the board.

(2) Each campus is required to submit a separate annual survey, five (5)-year survey, annual registration and annual registration fee.

(3) The sponsoring institution must submit a proposal as indicated in 20 CSR 2200-2.010(4)(A) and receive approval from the board before opening an additional campus. Each additional campus shall be surveyed.

(4) Each campus shall have a full-time faculty person designated as the coordinator who reports to the program administrator.

(5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program.

(6) Each campus will be evaluated individually concerning licensure examination results.

(7) Satellite locations do not qualify as multiple campuses.

**20 CSR 2200-2.040 Program Changes Requiring Board Approval, Notification, or Both**  
*PURPOSE: This rule defines program changes which require board approval, notification, or both.*

(1) Board approval is required for changes of the following:

(A) Curriculum;

(B) Length of program;

(C) Increase number of students by admission or transfer, by more than one (1) beyond the number approved by the board;

(D) Pilot program/project; and

(E) Relocation of the program or any of its components.

(2) The request for board approval of program changes shall include:

(A) Narrative description of proposed change(s);

(B) Rationale for proposed changes including consistency with the program’s philosophy/mission and graduate competencies;

- (C) Side by side comparison of proposed changes and current practice when applicable;
- (D) Timetable for implementation;
- (E) Narrative of the impact of proposed changes on the program;
- (F) Explanation of the impact of the proposed changes on currently enrolled students, faculty, graduates or resources; and
- (G) Methods of evaluation to be used to determine the effect of the change.
- (3) The request shall be submitted by a deadline established by the board.
- (4) A change in name and/or address of the program shall be submitted in writing to the board within thirty (30) days of the change.
- (5) A change in a program’s accreditation status by any accrediting body shall be submitted in writing to the board within thirty (30) days of the program’s notification of such.

**20 CSR 2200-2.050 Organization and Administration of an Approved Program of Professional Nursing**  
*PURPOSE: This rule defines the organization and administration of an approved program of professional nursing.*

(1) Philosophy/mission of the program shall be in writing and shall be consistent with the philosophy/mission statement of the sponsoring institution.

(2) Graduate competencies shall be derived from the program’s philosophy/mission.

(3) The philosophy/mission and the graduate competencies shall be the basis on which the curriculum is developed.

(4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, progression and graduation of students.

(A) Meetings shall be scheduled at stated intervals.

(B) Written minutes of all meetings shall be maintained.

(5) The program shall have a current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the nursing program.

(6) Finance.

(A) There shall be an annual budget to support the program.

(B) The administrator of the program shall manage the budget.

(C) The administrator, with input from the faculty, shall make recommendations for the budget.

(7) Clerical Assistance. Each program shall have secretarial and other support services sufficient to meet the needs of the program.

**20 CSR 2200-2.060 Administrator/Faculty**  
*PURPOSE: This rule defines the categories, qualifications and competencies, responsibilities, and employment policies of administrator/faculty.*

(1) Program Administrator.

(A) The administrator shall have the primary responsibility and the authority for the administration of the nursing program and shall be employed full-time.

(B) Criteria for appointment:

1. Current undisciplined license to practice professional nursing in Missouri;

2. Graduate degree in nursing with a clinical component in either the bachelor’s or master’s degree;

3. Academically and experientially qualified and maintains expertise in area of responsibility; and

4. Approved by the board prior to appointment.

(2) Nursing Faculty.

(A) Nurse faculty shall have responsibility for developing, implementing, and evaluating the nursing program.

(B) Criteria for appointment:

1. Current undisciplined license to practice professional nursing in Missouri;

2. Educational requirements:

A. Nursing faculty teaching in associate degree or diploma programs shall have a minimum of a baccalaureate degree in nursing with a clinical component. A graduate degree in nursing is recommended; and

B. Nursing faculty teaching in baccalaureate programs shall have a minimum of a graduate degree. Seventy-five percent (75%) of faculty shall have



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- a graduate degree with major in nursing. Faculty without a nursing major in their graduate degree shall have a bachelor's degree in nursing with a clinical component;
3. Academically and experientially qualified and maintain expertise in areas of responsibility; and
4. Approved by the board prior to appointment.
- (3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to:
- (A) Compliance with minimum standards;
- (B) Ongoing systematic development, implementation and evaluation of the total program in relation to stated philosophy/mission and graduate competencies of the program;
- (C) Instruction and evaluation of students;
- (D) Providing input on program related policies regarding recruitment, admission, retention, promotion and graduation of students;
- (E) Availability of academic advisement and guidance of students;
- (F) Maintenance of student records in compliance with institutional policy;
- (G) Ensuring confidentiality of student records;
- (H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. Professional competence activities may include nursing practice, continuing education, writing for publication and/or participation in professional associations; and
- (I) Participation in the development of program and institutional policies and decision making.
- (4) Minimum number of faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty.
- (5) Faculty workload shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.
- (6) Non-nurse faculty shall have professional preparation and qualifications in the specific areas for which they are responsible.
- (7) Employment policies.
- (A) To the extent required by law, age, marital status, sex, national origin, race, color, creed, disability and religion shall not be determining factors in employment.
- (B) Nursing Program.
1. Personnel policies shall be available in writing and consistent with the sponsoring institution.
2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.
3. A planned orientation shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA).

20 CSR 2200-2.070 Physical Facilities

PURPOSE: This rule defines the physical facilities and resources required by professional nursing programs.

- (1) Office Space and Equipment.
- (A) The institution shall provide space and equipment to fulfill the purpose of the program.
- (B) The administrator of the program shall have a private office.
- (C) The coordinator(s) and faculty shall have office space sufficient to carry out responsibilities of their respective positions.
- (D) Private areas shall be provided for faculty/student conferences.
- (2) Library.
- (A) Each program and each campus of each program shall have access to library resources with the following:
1. Quiet area designated for study; and
2. Current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

- (B) Management of library resources shall include:
1. Budget for acquisition of printed and multi-media material;
2. System for identifying or deleting outdated resources; and
3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty.
- (3) Classrooms.
- (A) Classrooms shall be of size, number and type for the number of students and teaching methodology.
- (B) Classrooms shall have climate control, ventilation, lighting, seating, furnishings, and equipment conducive to learning.
- (C) Storage space shall be available for equipment and supplies.
- (4) Clinical Skills Laboratory.
- (A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes.
- (B) Management of clinical skills laboratory shall include:
1. Budget allocation for equipment and supplies;
2. Plan for acquisition and maintenance of equipment and supplies; and
3. Policies and procedures governing the administration and the use of the clinical skills laboratory. These policies and procedures shall be in writing and available to students and faculty.
- (5) Technology Resources/Computers.
- (A) Each program and each campus of each program shall have access to current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.
- (B) Management of technology resources shall include:
1. Budget for acquisition of current technology, including computers;
2. System for identifying, deleting and/or replacing resources; and
3. Policies and procedures governing the administration and the use of the technology/computers. These policies and procedures shall be in writing and available to students and faculty.

20 CSR 2200-2.080 Clinical Sites

PURPOSE: This rule defines selection and use of clinical sites by the programs of professional nursing for required student clinical learning experiences.

- (1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.
- (2) Observational experiences shall provide learning experiences to meet the course objectives and shall not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).
- (3) Clinical sites for each course or clinical experience shall be listed in the annual survey.
- (4) Each program shall have written evidence of an agreement with each clinical site which includes time frames for a notification of termination and periodic review.
- (5) There shall be evidence of clinical orientation for each nursing course with a clinical component.

20 CSR 2200-2.085 Preceptors

PURPOSE: This rule defines the utilization of preceptors.

- (1) Preceptors may be used as role models, mentors and supervisors of students in professional nursing programs—
- (A) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving designated objectives of a nursing course;
- (B) Preceptors are not to be considered when determining the faculty to student ratio;
- (C) Preceptors shall not be used in fundamentals of nursing courses; and
- (D) Preceptors shall supervise no more than two (2) students at a time.
- (2) Each nursing program shall have written policies for the use of preceptors which incorporate the criteria listed in this rule.
- (3) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:
- (A) Select the preceptor in collaboration with the clinical site;

- (B) Provide the preceptor with information as to the duties, roles and responsibilities of the faculty, the student and the preceptor including the communication processes;
- (C) Provide the preceptor a copy of the objectives of the course in which the student is enrolled and directions for assisting the student to meet objectives specific to the clinical experience;
- (D) Assume responsibility for each student's final evaluation and the assigning of a performance rating or grade; and
- (E) Identify the use of preceptors in the program's annual survey.
- (4) Responsibilities of the preceptor shall include:
- (A) Possess current license to practice as a registered professional nurse with at least one (1) year experience in the area of clinical specialty for which the preceptor is used;
- (B) Perform the responsibilities as determined by the nursing program; and
- (C) Provide written documentation to faculty regarding the student's performance in relation to meeting designated course objectives.

20 CSR 2200-2.090 Students

PURPOSE: This rule defines admission, readmission, and transfer criteria and services provided students.

- (1) Admission, Readmission and Transfer.
- (A) The educational program shall comply with the state and federal laws regarding discrimination in the admission of students.
- (B) Policies for admission, readmission, transfer and advanced placement shall be written, implemented and evaluated by the faculty.
- (C) Admission criteria shall reflect consideration of:
1. Potential to complete the program; and
2. Ability to meet the standards to apply for licensure (see sections 335.046.1 and 335.066, RSMo).
- (D) Students who are readmitted or transferred shall complete the same requirements for graduation as other members of the class to which they are admitted.
- (E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:
1. Availability of qualified faculty;
2. Available clinical experiences; and
3. Educational facility's ability to accommodate students.
- (2) Students for whom English is a second language shall meet the same general admission requirements as other students.
- (3) Student Services.
- (A) Housing. If the school provides housing for students, there shall be written policies governing the facilities.
- (B) Health. If the school provides health services for students, there shall be information available regarding a process for accessing and obtaining health care.
- (C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students.
- (D) Grievance Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic grievances. Due process for student grievances shall include the providing of written notice of all decisions affecting an individual student, an opportunity for the student to contest those decisions either in writing or in person, the opportunity to contest facts serving as the basis for the decisions and the opportunity to appeal the decisions to a level higher than the original decision-maker.

20 CSR 2200-2.100 Educational Program

PURPOSE: This rule defines the educational program, curriculum plan and requirements and distance education requirements for programs of professional nursing.

- (1) General Purpose.
- (A) The program shall have a philosophy/mission which guides the curriculum practices.
- (B) Graduate competencies shall be derived from the philosophy/mission of the program.
- (C) The educational program shall provide planned learning experiences essential to



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- the achievement of the stated philosophy/mission and graduate competencies and shall demonstrate logical progression.
- (2) Curriculum Organization and Development.
- (A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum.
- (B) There shall be a written curriculum plan which reflects the program’s philosophy/mission and objectives and shall be logically consistent between and within courses.
- (C) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits/units to permit achievement of graduate competencies and program outcomes.
- (D) Curriculum shall be planned so that each division of the curriculum (whether it be a quarter, term or semester) has a reasonably equal number of credit hours of instruction and has a beginning and ending date.
- (E) The number of credit hours required for completion of the nursing program shall not exceed the number of credit hours required for a comparable degree program.
- (F) Student learning experiences shall be directed and evaluated by faculty and be consistent with the curriculum plan.
- (3) Curriculum Requirements. There shall be a general written plan for the total curriculum which will show the courses taught, sequence, correlation and integration of classroom and clinical instruction. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Instruction will be provided in the following areas:
- (A) Biological and physical sciences;
- (B) Behavioral and social sciences; and
- (C) Nursing courses shall include content reflecting concepts across the life span in—
1. Growth and development;
  2. Prevention of illness;
  3. Promotion, maintenance, and restoration of health;
  4. Communications; and
  5. Legal and ethical aspects of nursing.
- (4) Syllabi shall be current and available to all faculty and students and include:
- (A) The objectives of each course;
- (B) The teaching/learning strategies to be used; and
- (C) Evaluation methodologies.
- (5) Distance Education. Courses/programs of study that utilize distance education shall have—
- (A) A course management/delivery platform that is reliable and navigable for students and faculty;
- (B) Budgetary support;
- (C) Collaborative and interactive learning activities that assist the student in achieving course objectives;
- (D) Clinical courses must be faculty directed and include direct patient care activities;
- (E) Learning resources including library access;
- (F) Technical support services for faculty and students;
- (G) Access to appropriate and equivalent student services;
- (H) Faculty and student input into the evaluation process; and
- (I) Recurring interaction between faculty and students.

20 CSR 2200-2.110 Records

PURPOSE: This rule defines student records required to be kept by programs of professional nursing.

- (1) Transcripts.
- (A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently.
- (B) The official transcript shall identify the following:
1. Date of admission, date of separation from the program and hours/credits/units earned and the diploma/degree awarded; and
  2. Transferred credits, including course titles, credits earned, and the name and location of the credit-granting institution.
- (C) Transcripts, including microfiche and computer files, shall be stored in a secured area.
- (2) School Records.
- (A) Student records shall be stored in an area which is theft resistant and where confidentiality

- can be ensured and according to sponsoring institution policies for secure storage of records.
- (B) The nursing program shall maintain records as required by institutional and nursing program policies.

20 CSR 2200-2.120 Publications

PURPOSE: This rule defines what must be included in publications published by programs of professional nursing.

- (1) Publications shall be current, dated and internally consistent.
- (2) A nondiscrimination policy shall appear in publications specific to the nursing program.
- (3) The following information shall be available to the applicant prior to admission:
- (A) Approval status as granted by the board (initial, full or conditional approval status);
- (B) Admission criteria;
- (C) Section 335.066, RSMo of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;
- (D) Advanced placement policies;
- (E) Student services;
- (F) Curriculum plan;
- (G) Program costs;
- (H) Refund policy; and
- (I) Financial assistance.
- (4) The following information shall be available to the student upon entry:
- (A) Philosophy/mission;
- (B) Graduate competencies;
- (C) Grading, promotion and graduation policies;
- (D) Faculty roster with qualifications;
- (E) School calendar;
- (F) Student policies;
- (G) Student’s rights and responsibilities; and
- (H) Due process policies and procedures.

20 CSR 2200-2.130 Program Evaluation

PURPOSE: This rule provides for evaluation of the professional nursing program by students and faculty.

- (1) There shall be a written plan for systematic evaluation of all aspects of the program. The plan shall include:
- (A) Frequency of evaluation;
- (B) Methods of evaluation; and
- (C) Person(s) responsible for the evaluation.
- (2) The systematic evaluation plan provides for the evaluation of the following:
- (A) Clinical sites by students and faculty;
- (B) Course and faculty by students;
- (C) Students and faculty by representatives of clinical site(s); and
- (D) Program preparation for nursing employment by graduate nurses, six (6) months or more, after graduation.
- (3) Documentation shall indicate that the systematic evaluation plan has been utilized in the planning and improvement of the program.

20 CSR 2200-2.180 Licensure Examination Performance

PURPOSE: This rule defines the required examination pass rate for first time candidates and its impact on program approval.

- (1) The licensure examination performance of first-time candidates from each professional nursing program shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31).
- (2) First-time candidates will include only those graduates of the program who take the licensure examination for the first time within one (1) year of graduation.
- (3) The nursing program with a pass rate lower than eighty percent (80%) will:
- (A) First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate and plan of action to resolve low pass rate;
- (B) Second consecutive year—The program may be placed on conditional approval status. The program administrator will be required to appear before and present to the board an analysis of program effectiveness, problems identified, and plans of correction. Program effectiveness may include evidence of:
1. Class graduation rates;
  2. National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates;
  3. Student satisfaction;
  4. Job placement rates; and

5. Employer satisfaction.
- (C) The nursing program placed on conditional approval shall remain on “conditional approval” (as per 20 CSR 2200-2.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3, RSMo; and
- (D) If, after two (2) years of conditional approval, a school has not demonstrated consistent measurable progress toward implementation of the correction plan the board will withdraw approval pursuant to section 335.071.3, RSMo.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2200—State Board of Nursing

Chapter 3—Practical Nursing

20 CSR 2200-3.001 Definitions

PURPOSE: This rule defines terms used in 20 CSR 2200-3 and throughout this chapter.

- (1) When used in 20 CSR 2200-3, the following terms mean:
- (A) Accredited—The official authorization or status granted by an agency for a program or sponsoring institution through a voluntary process;
- (B) Administrator—Registered professional nurse with primary authority and responsibility for administration of the program regardless of job title;
- (C) Approved—Recognized by the board as meeting or maintaining minimum standards for educational programs preparing practical nurses;
- (D) Annual survey—Report submitted annually by the administrator of the program that updates information on file with the board and validates continuing compliance with minimum standards;
- (E) Board—Missouri State Board of Nursing;
- (F) Campus—A specific geographic program location with a distinct student body and coordinator at which all appropriate services and facilities are provided;
- (G) Certificate of approval—Document issued by the board to programs of nursing which have met minimum standards;
- (H) Class—A discrete cohort of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;
- (I) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group or community;
- (J) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;
- (K) Conditional approval—Status of a program that has failed to meet or maintain the regulations or requirements, or both, set by the board. This status is subject to the program conforming to the requirements and recommendations and within a time period set by the board;
- (L) Cooperating agency—A corporation, hospital or other organization which has a written agreement with the program to provide clinical education opportunities;
- (M) Coordinator—Registered professional nurse with authority and responsibility for a campus nursing program as delegated by the administrator of the nursing program;
- (N) Course objectives—Measurable statements that guide experiences and activities that help learners meet established requirements for a specific course;
- (O) Curriculum—Planned studies and learning activities designed to lead students to graduation and eligibility for application for licensure;
- (P) Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;
- (Q) Distance learning—Curriculum provided from a main campus location to another geographic location primarily through electronic or other technological methods;



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- (R) Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory or country;
- (S) Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation and evaluation of philosophy/mission, objectives and curriculum of nursing program;
- (T) Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;
- (U) Generic—Initial educational program in nursing leading to entry-level licensure;
- (V) Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;
- (W) Graduate competency—Individual graduate behaviors;
- (X) Grievance policy and procedure—An established procedure for processing complaints; may also be known as a complaint procedure, due process, appeals procedure or problem resolution;
- (Y) Initial approval—Status granted a program of practical nursing until full approval status is granted or denied;
- (Z) Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;
- (AA) Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;
- (BB) Multiple campuses—Distinct and separate geographic locations offering the same program, providing the same services, and operated by the same sponsoring institution;
- (CC) NCLEX-PN® examination—National Council Licensure Examination for Practical Nurses;
- (DD) Objectives—Measurable statements describing anticipated outcomes of learning;
- (EE) Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;
- (FF) Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;
- (GG) Philosophy—A composite of the beliefs that the faculty accept as valid and is directly related to curriculum practices;
- (HH) Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;
- (II) Preceptor—Registered professional or licensed practical nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;
- (JJ) Program—Course of study leading to a diploma or certificate;
- (KK) Program outcomes—Measurable statements defining aggregate student achievements;
- (LL) Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;
- (MM) Satellite location—A site geographically separate from but administered and served by a primary program campus;
- (NN) Sponsoring institution—The institution that is financially and legally responsible for the nursing program;
- (OO) Statement of need—Current evidence of need for professional and practical nurses and of community support;
- (PP) Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and
- (QQ) Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party’s responsibilities for education of nursing students.

- preparing entry-level practical nurses;
- (B) To assure that educational requirements for admission to the licensure examination have been met and to facilitate endorsement in other states, territories, countries, or any combination of these;
- (C) To encourage continuing program improvement through assessment, evaluation and consultation; and
- (D) To assist programs of practical nursing in developing and maintaining academic standards (didactic and clinical) that are congruent with current educational and nursing practice standards.
- (3) Classification of Approval.
  - (A) Initial approval is the status granted a program of practical nursing until full approval is granted or denied.
  - (B) Full approval is the status granted a program of practical nursing after the program has graduated one (1) class and has met and continues to meet regulations or requirements.
  - (C) Conditional approval is the status of a program that has failed to meet or maintain the regulations or requirements set by the board.
- (4) Initial Approval Status.
  - (A) Process for Obtaining Initial Status:
    - 1. An institution desiring to establish a program of practical nursing shall submit a letter of intent to the board at least three (3) months prior to the submission of a proposal. The letter of intent must include: the mission statement of the sponsoring institution; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program. The board will make the letter of intent available to all programs of nursing in the state via its website;
    - 2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;
    - 3. A program proposal shall be written and presented to the board by the administrator of the proposed program. The proposal shall bear the signature of the administrator who shall meet the criteria in 20 CSR 2200-3.060(1)(B) and shall be active in the position on a full-time basis for at least nine (9) months and preferably one (1) year prior to the entry of the first class. Fourteen (14) copies of the proposal must be submitted with the required application fee. The proposal must be prepared following the reporting format and include each component as indicated in paragraph (4)(A)4. of this rule. Board approval of the proposal with or without contingencies must be obtained no later than six (6) months prior to the anticipated opening date;
    - 4. A proposal submitted shall contain the following information:
      - A. Statement of need and feasibility study which includes:
        - (I) Documentation of the need for the nursing program including community and economic development need, rationale for why the program should be established, and documentation of employers’ need for graduates of the proposed program;
        - (II) Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;
        - (III) Number and source of anticipated student population;
        - (IV) Letters of support for the proposed nursing program; and
        - (V) Source of potential qualified faculty;
      - B. Curriculum.
        - (I) Philosophy/mission.
        - (II) Graduate competencies.
        - (III) Curriculum sequence.
        - (IV) Course descriptions and objectives with number of credit hours or clock hours for all courses;
      - C. Students.
        - (I) Maximum number of students per class.

- (II) Number of classes admitted per year.
- (III) Number of students anticipated in initial class.
- (IV) Plan for increase to maximum enrollment.
- (V) Admission criteria.
- (VI) Plans for progression and retention of students.
- (VII) Formal complaint procedure.
- (VIII) Availability of student services and personnel;
- D. Faculty.
  - (I) Number of full-time and part-time faculty.
  - (II) Position descriptions;
- E. Support services personnel.
  - (I) Number of full-time and part-time ancillary support services personnel.
  - (II) Position descriptions;
- F. Sponsoring institution.
  - (I) Evidence of authorization to conduct the program of practical nursing by the governing body of the sponsoring institution.
  - (II) Evidence of accreditation by an agency recognized by the United States Department of Education.
  - (III) Provision of administrative structure/organizational charts of the sponsoring institution and the nursing program.
  - (IV) Evidence of the financial stability and resources of the sponsoring institution and the program of nursing; and
- G. Facilities.
  - (I) Description of educational facilities to be used by the practical nursing program such as classrooms, library, offices, clinical skills laboratory and other facilities.
  - (II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, and technology.
  - (III) Description of proposed clinical sites that will provide appropriate educational experiences.
  - (IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences;
- 5. Site survey. A representative from the board shall make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130; and
- 6. The board’s decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130.
- (B) Throughout the period of initial approval, the program will be evaluated at least annually.
- (C) Upon graduation of the program’s first class and receipt of results of the National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination), the board shall review the following:
  - 1. The program’s compliance with minimum standards during initial approval including the program’s adherence to the approved proposal and changes authorized by the board;
  - 2. Report of an on-site survey (if conducted);
  - 3. Report of the National Council Licensure Examination for Practical Nurses results (as per 20 CSR 2200-3.180(1)); and
  - 4. Identification and analysis of class graduation rate.
- (D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) year, deny approval or grant full approval.
- (5) Full Approval Status.
  - (A) Annual Survey. Each program and each campus of each program shall complete and submit the board’s annual survey prior to the established

**20 CSR 2200-3.010 Approval**  
*PURPOSE: This rule defines the approval status and process for programs of practical nursing.*  
(1) Programs of practical nursing shall obtain approval from the board.  
(2) Purposes of approval are—  
(A) To promote the safe practice of practical nursing by setting minimum standards for programs

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- deadline. Following review by the board, each program shall be notified of the board's action(s).
- (B) Five (5)-Year Survey. Each approved program and each campus of each program shall be surveyed every five (5) years from the first year of full approval. Either an on-site survey or a paper survey may be conducted. If a nursing program is accredited by a nationally recognized nursing accrediting body and accredited by the Higher Learning Commission North Central Association of Colleges and Schools, the Missouri Department of Higher Education, the Accrediting Council for Independent Colleges and Schools, or other accrediting body recognized by the United States Department of Education, a five (5)-year on-site survey may be deferred. A paper review will include the accreditation self-study report, recommendations made by the accrediting body, graduation rates and other information as required by the board. Copies of correspondence regarding changes in accreditation status shall be submitted to the board within thirty (30) days of the program's receipt of such.
- (C) Additional Visits/Surveys. A representative of the board shall make additional visits/surveys as deemed necessary by the board. A program may request additional visits.
- (6) Conditional Approval Status.
- (A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program and the administrator will be requested to respond to those concerns.
- (B) A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.
- (C) A program's approval may be withdrawn pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board shall, after notice and hearing, be removed from the board's listing of approved programs.
- (7) Annual Registration Requirements.
- (A) An application for annual registration shall be sent to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.
- (B) A separate annual registration form and designated fee as established by 20 CSR 2200-4.010 shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year.
- (C) A program's approval status shall be subject to review by the board if the required registration fee is not received within thirty (30) days following the June 1 deadline.

20 CSR 2200-3.020 Discontinuing and Reopening Programs

- PURPOSE: This rule establishes the procedures for discontinuing and reopening programs of practical nursing.*
- (1) Program Discontinuation.
- (A) A letter of intent shall be submitted to the board, at least six (6) months and, preferably, one (1) year prior to closing the program and shall include:
- Closing date; and
  - Plans for completion of program for currently enrolled students.
- (B) The plan for closure must be approved by the board prior to implementation.
- (C) Date of completion on the diploma/certificate shall be on or before the official closing date of the program.
- (D) Application for registration with the required fee shall be submitted annually to the board as long as there are students in the program.
- (E) Classroom and clinical instruction approved by the board shall be provided until the designated date of closing. The sponsoring institution shall be responsible for providing a complete educational program for the currently enrolled

- students or shall provide a mechanism for transfer.
- (F) Records for all graduates and for all students who attended the program of practical nursing shall be filed in the manner used by the institution conducting the program.
- Transcripts of all courses attempted or completed by each student attending the program shall be maintained by the designated custodian. Provisions for obtaining copies of transcripts shall be maintained.
  - If the program closes but the sponsoring institution continues, that institution shall assume the responsibility for the records and notify the board, in writing, of the location of the storage of the records.
  - If both the program of practical nursing and the sponsoring institution close, the transcripts shall be given permanent custodial care and the board shall be notified in writing of the name and address of the custodian.
- (2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-3.010(4)(A).

20 CSR 2200-3.030 Change in Sponsorship

- PURPOSE: This rule defines the procedure for a change of sponsorship of a practical nursing program.*
- The institution assuming the sponsorship of an approved program shall notify the board in writing within ten (10) working days after the change of sponsorship.
  - A change in sponsorship form provided by the board shall be completed and returned within thirty (30) days of receipt of the form.
  - Any proposed changes that affect the criteria included in 20 CSR 2200-3.010(4)(A)1.-4. must be approved by the board prior to implementation.
  - Program documents shall be changed to indicate the appropriate sponsor.

20 CSR 2200-3.035 Multiple Campuses

- PURPOSE: This rule defines the procedure for multiple campuses.*
- Each campus of a program will be treated independently for purposes of compliance with the minimum standards set forth by the board.
  - Each campus is required to submit a separate annual survey, five (5)-year survey, annual registration and annual registration fee.
  - The sponsoring institution must submit a proposal as indicated in 20 CSR 2200-3.010(4)(A) and receive approval from the board before opening an additional campus. Each additional campus shall be surveyed.
  - Each campus shall have a full-time faculty person designated as the coordinator who reports to the program administrator.
  - Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program.
  - Each campus will be evaluated individually concerning licensure examination results.
  - Satellite locations do not qualify as multiple campuses.

20 CSR 2200-3.040 Program Changes Requiring Board Approval, Notification, or Both

- PURPOSE: This rule defines program changes which require board approval, notification, or both.*
- (1) Board approval is required for changes of the following:
- Curriculum;
  - Length of program;
  - Increase number of students by admission or transfer, by more than one (1) beyond the number approved by the board;
  - Pilot program/project; and
  - Relocation of the program or any of its components.
- (2) The request for board approval of program changes shall include:
- Narrative description of proposed change(s);
  - Rationale for proposed changes including consistency with the program's philosophy/mission and graduate competencies;
  - Side-by-side comparison of proposed changes and current practice when applicable;
  - Timetable for implementation;
  - Narrative of the impact of proposed changes on the program;
  - Explanation of the impact of the proposed

- changes on currently enrolled students, faculty, graduates or resources; and
- (G) Methods of evaluation to be used to determine the effect of the change.
- The request shall be submitted by a deadline established by the board.
  - A change in name and/or address of the program shall be submitted in writing to the board within thirty (30) days of the change.
  - A change in a program's accreditation status by any accrediting body shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

20 CSR 2200-3.050 Organization and Administration of an Approved Program of Practical Nursing

- PURPOSE: This rule defines the organization and administration of an approved program of practical nursing.*
- Philosophy/mission of the program shall be in writing and shall be consistent with the philosophy/mission statement of the sponsoring institution.
  - Graduate competencies shall be derived from the program's philosophy/mission.
  - The philosophy/mission and the graduate competencies shall be the basis on which the curriculum is developed.
  - There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, progression and graduation of students.
    - Meetings shall be scheduled at stated intervals.
    - Written minutes of all meetings shall be maintained.
  - The program shall have a current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the nursing program.
  - Finance.
    - There shall be an annual budget to support the program.
    - The administrator of the program shall manage the budget.
    - The administrator, with input from the faculty, shall make recommendations for the budget.
  - Clerical Assistance.
    - Each program shall have secretarial and other support services sufficient to meet the needs of the program.

20 CSR 2200-3.060 Administrator/Faculty

- PURPOSE: This rule defines the categories, qualifications and competencies, responsibilities, and employment policies of administrator/faculty.*
- Program Administrator.
    - The administrator shall have primary responsibility and the authority for the administration of the nursing program and shall be employed full-time.
  - Criteria for Appointment:
    - Current undisciplined license to practice professional nursing in Missouri;
    - Baccalaureate or graduate degree in nursing that includes a clinical component. Any program administrator appointed to the position prior to December 9, 1993 is exempt from the requirement of having a Bachelor of Science in Nursing;
    - Academically and experientially qualified and maintains expertise in area of responsibility; and
    - Approved by the board prior to appointment.
  - Nursing faculty.
    - Nurse faculty shall have responsibility for developing, implementing, and evaluating the nursing program.
  - Criteria for appointment:
    - Current undisciplined license to practice professional nursing in Missouri;
    - Educational requirements:
      - Nursing faculty teaching in a practical nursing program shall have a minimum of a Bachelor of Science in Nursing degree with a clinical component; and
      - Nursing faculty appointed prior to January 1, 1999 are exempt from this requirement;
    - Academically and experientially qualified and maintain expertise in areas of responsibility; and



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4. Approved by the board prior to appointment.
- (3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to:

(A) Compliance with minimum standards;

(B) Ongoing, systematic development, implementation and evaluation of the total program in relation to stated philosophy/mission and graduate competencies of the program;

(C) Instruction and evaluation of students;

(D) Providing input on program related policies regarding recruitment, admission, retention, promotion and graduation of students;

(E) Availability of academic advisement and guidance of students;

(F) Maintenance of student records in compliance with institutional policy;

(G) Ensuring confidentiality of student records;

(H) Maintenance of clinical and educational competencies in areas of instructional responsibilities. Professional competence activities may include nursing practice, continuing education, writing for publication and/or participation in professional associations; and

(I) Participation in the development of program and institutional policies and decision making.
- (4) Minimum number of faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty.
- (5) Faculty workload shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.
- (6) Non-nurse faculty shall have professional preparation and qualifications in the specific areas for which they are responsible.
- (7) Employment Policies.

(A) To the extent required by the law, age, marital status, sex, national origin, race, color, creed, disability and religion shall not be determining factors in employment.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented. It shall include a review of the Missouri Nursing Practice Act (NPA).

20 CSR 2200-3.070 Physical Facilities

PURPOSE: This rule defines the physical facilities and resources required by practical nursing programs.

- (1) Office Space and Equipment.

(A) The institution shall provide space and equipment to fulfill the purpose of the program.

(B) The administrator of the program shall have a private office.

(C) The coordinator(s) and faculty shall have office space sufficient to carry out responsibilities of their respective positions.

(D) Private areas shall be provided for faculty/student conferences.
- (2) Library.

(A) Each program and each campus of each program shall have access to library resources with the following:

1. Quiet area designated for study; and

2. Current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of library resources shall include:

1. Budget for acquisition of printed and multimedia material;

2. System for identifying or deleting outdated resources; and

3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty.
- (3) Classrooms.

(A) Classrooms shall be of size, number and type for the number of students and teaching methodology.

(B) Classrooms shall have climate control, ventilation and lighting, seating, furnishings, and equipment conducive to learning.

(C) Storage space shall be available for equipment and supplies.

(4) Clinical Skills Laboratory.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes.

(B) Management of clinical skills laboratory shall include:

1. Budget allocation for equipment and supplies;

2. Plan for acquisition and maintenance of equipment and supplies; and

3. Policies and procedures governing the administration and the use of the clinical skills laboratory. These policies and procedures shall be in writing and available to students and faculty.

(5) Technology Resources/Computers.

(A) Each program and each campus of each program shall have access to current and available resources to meet the educational needs of the students and the instructional and scholarly activities of the faculty.

(B) Management of technology resources shall include:

1. Budget for acquisition of current technology, including computers;

2. System for identifying, deleting and/or replacing resources; and

3. Policies and procedures governing the administration and the use of technology/computers. These policies and procedures shall be in writing and available to students and faculty.
- 20 CSR 2200-3.080 Clinical Sites
- PURPOSE: This rule defines selection and use of clinical sites by the practical nursing program for required student clinical learning experiences.
- (1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(2) Observational experiences shall provide learning experiences to meet the course objectives and shall not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(3) Clinical sites for each course or clinical experience shall be listed in the annual survey.

(4) Each program shall have written evidence of an agreement with each clinical site which includes time frames for a notification of termination and periodic review.
- (5) There shall be evidence of clinical orientation for each nursing course with a clinical component.
- 20 CSR 2200-3.085 Preceptors
- PURPOSE: This rule defines the utilization of preceptors.
- (1) Preceptors may be used as role models, mentors and supervisors of students in practical nursing programs.

(A) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving designated objectives of a nursing course.

(B) Preceptors are not to be considered when determining the faculty to student ratio.

(C) Preceptors shall not be utilized in fundamentals of nursing courses.

(D) Preceptors shall supervise no more than two (2) students at a time.

(2) Each nursing program shall have written policies for the use of preceptors which incorporate the criteria listed in this rule.

(3) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(A) Select the preceptor in collaboration with the clinical site;

(B) Provide the preceptor with information as to the duties, roles and responsibilities of the faculty, the student and the preceptor including the communication processes;

(C) Provide the preceptor a copy of the objectives of the course in which the student is enrolled and directions for assisting the student to meet objectives specific to the clinical experience;

(D) Assume responsibility for each student's final evaluation and the assigning of a performance rating or grade; and

(E) Identify the use of preceptors in the program's annual survey.

(4) Responsibilities of the preceptor shall include:

(A) Possess current license to practice as a registered professional or licensed practical nurse with at least one (1) year experience in the area of clinical specialty for which the preceptor is used;

(B) Perform the responsibilities as determined by the nursing program; and

(C) Provide written documentation to faculty regarding the student's performance in relation to meeting designated course objectives.
- 20 CSR 2200-3.090 Students
- PURPOSE: This rule defines the admission, readmission, and transfer criteria and services provided students.
- (1) Admission, Readmission and Transfer.
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- (A) The educational program shall comply with the state and federal laws regarding discrimination in the admission of students.
- (B) Policies for admission, readmission, transfer and advanced placement shall be written, implemented and evaluated by the faculty.
- (C) Admission criteria shall reflect consideration of:
  - 1. Potential to complete the program; and
  - 2. Ability to meet the standards to apply for licensure (see sections 335.046.2, RSMo and 335.066, RSMo).
- (D) Students who are readmitted or transferred shall complete the same requirements for graduation as other members of the class to which they are admitted.
- (E) The board shall approve the maximum number of students enrolled in each program. The criteria for approval of the maximum number will be based on:
  - 1. Availability of qualified faculty;
  - 2. Available clinical experiences; and
  - 3. Educational facility’s ability to accommodate students.
- (F) Late admissions. No student shall be admitted later than five (5) school days after the established entrance date of the program.
- (2) Students for whom English is a second language shall meet the same general admission requirements as other students.
- (3) Student Services.
  - (A) Housing. If the school provides housing for students, there shall be written policies governing the facilities.
  - (B) Health. If the school provides health services for students, there shall be information available regarding a process for accessing and obtaining health care.
  - (C) Academic advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students.
  - (D) Grievance Procedure. Policies and procedures which afford students due process shall be available for managing academic and nonacademic grievances. Due process for student grievances shall include the providing of written notice of all decisions affecting an individual student, an opportunity for the student to contest those decisions either in writing or in person, the opportunity to contest facts serving as the basis for the decisions, and the opportunity to appeal the decisions to a level higher than the original decision maker.

20 CSR 2200-3.100 Educational Program

PURPOSE: This rule defines the educational program, curriculum plan and requirements and distance education requirements for programs of practical nursing.

- (1) General Purpose.
  - (A) The program shall have a philosophy/mission which guides the curriculum practices.
  - (B) Graduate competencies shall be derived from the philosophy/mission of the program.
  - (C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy/mission and graduate competencies of the program and shall demonstrate logical progression.
- (2) Curriculum Organization and Development.
  - (A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum.
  - (B) There shall be a written curriculum plan which reflects the program’s philosophy/mission and objectives and shall be logically consistent between and within courses.
  - (C) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory and clinical hours/credits/units to permit achievement of graduate competencies and program outcomes.
  - (D) Curriculum shall be planned so that each division of the curriculum (whether it be a quarter, term or semester) has a reasonably equal number of credit hours/ hours of instruction and has a beginning and ending date.
  - (E) The length of the program shall be no less than ten (10) months of instruction.
  - (F) Student learning experiences shall be directed and evaluated by faculty and be consistent with the curriculum plan.
- (3) Curriculum Requirements. There shall be a general written plan for the total curriculum which will show the courses taught, sequence, correlation and integration of classroom and clinical instruction. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Instruction shall be proved in the following areas:
  - (A) Biological and Physical Sciences. Content from these sciences shall include:
    - 1. Anatomy and physiology;
    - 2. Nutrition; and
    - 3. Pharmacology;
  - (B) Social and Behavioral Sciences. Content from these sciences shall include concepts of:
    - 1. Communication;
    - 2. Interpersonal relations;
    - 3. Cultural diversity; and
    - 4. Growth and development/life span;
  - (C) Nursing science. Theory and clinical instruction in nursing shall be based on the nursing process and encompass the promotion, maintenance, and restoration of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle. Content shall enable the student to develop competency in each of the following areas:
    - 1. Fundamentals of nursing;
    - 2. Nursing of adults;
    - 3. Nursing of children;
    - 4. Nursing of the elderly;
    - 5. Maternal and newborn nursing;
    - 6. Mental health concepts;
    - 7. Administration of medications;
    - 8. IV Therapy; and
    - 9. Leadership/management concepts; and
  - (D) Personal and vocational concepts shall exist as a discrete course in the curriculum and include the following content:
    - 1. Ethical and legal aspects of nursing;
    - 2. Nursing history and trends; and
    - 3. Role of the practical and professional nurse.
- (4) Course syllabi shall be current and available to all faculty and students and include:
  - (A) The objectives of each course;
  - (B) The teaching/learning strategies to be used; and
  - (C) Evaluation methodologies.
- (5) Distance Education. Courses/programs of study that utilize distance education shall have:
  - (A) A course management/delivery platform that is reliable and navigable for students and faculty;
  - (B) Budgetary support;
  - (C) Collaborative and interactive learning activities that assist the student in achieving course objectives;
  - (D) Clinical courses must be faculty directed and include direct patient care activities;
  - (E) Learning resources including library access;
  - (F) Technical support services for faculty and students;
  - (G) Access to appropriate and equivalent student services;
  - (H) Faculty and student input into the evaluation process; and
  - (I) Recurring interaction between faculty and students.

20 CSR 2200-3.110 Records

PURPOSE: This rule defines records required to be kept by programs of practical nursing.

- (1) Transcripts.
  - (A) Transcripts of all courses attempted or completed by each student attending the program shall be maintained permanently.
  - (B) The official transcript shall identify the following:
    - 1. Date of admission, date of separation from the program and hours/credits/ units earned and the diploma/certificate awarded; and
    - 2. Transferred credits, including course titles, credits earned, and the name and location of the credit-granting institution.



*Education Report cont. from page 14*

- (C) Transcripts, including microfiche and computer files, shall be stored in a secured area.
- (2) School Records.
  - (A) Student records shall be stored in an area which is theft resistant and where confidentiality can be ensured or according to sponsoring institution policies for secure storage of records.
  - (B) The nursing program shall maintain records as required by institutional and nursing program policies.

**20 CSR 2200-3.120 Publications**

*PURPOSE: This rule defines what must be included in publications published by programs of practical nursing.*

- (1) Publications shall be current, dated and internally consistent.
- (2) A nondiscrimination policy shall appear in publications specific to the nursing program.
- (3) The following information shall be available to the applicant in writing prior to admission:
  - (A) Approval status as granted by the board (initial, full or conditional approval status);
  - (B) Admission criteria;
  - (C) Section 335.066, RSMo of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;
  - (D) Advanced placement policies;
  - (E) Student services;
  - (F) Curriculum plan;
  - (G) Program costs;
  - (H) Refund policy; and
  - (I) Financial assistance.
- (4) The following information shall be available to the student in writing upon entry:
  - (A) Philosophy/mission;
  - (B) Graduate competencies;
  - (C) Grading, promotion and graduation policies;
  - (D) Faculty roster with qualifications;
  - (E) School calendar;
  - (F) Student policies;
  - (G) Student’s rights and responsibilities; and
  - (H) Due process policies and procedures.

**20 CSR 2200-3.130 Program Evaluation**

*PURPOSE: This rule provides for evaluation of the practical nursing program by both faculty and students.*

- (1) There shall be a written plan for systematic evaluation of all aspects of the program. The plan shall include:
  - (A) Frequency of evaluation;
  - (B) Methods of evaluation; and
  - (C) Person(s) responsible for the evaluation.
- (2) The systematic evaluation plan provides for the evaluation of the following:
  - (A) Clinical sites by students and faculty;
  - (B) Course and faculty by students;
  - (C) Students and faculty by representative(s) of clinical site(s); and
  - (D) Program preparation for nursing employment by graduate nurses, six (6) months or more, after graduation.
- (3) Documentation shall indicate that the systematic evaluation plan has been utilized in the planning and improvement of the program.

**20 CSR 2200-3.180 Licensure Examination Performance**

*PURPOSE: This rule defines the required examination pass rate for first-time candidates and its impact on program approval.*

- (1) The licensure examination performance of first-time candidates from each practical nursing program shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31).
- (2) First-time candidates will include only those graduates of the program who take the licensure examination for the first time within one (1) year of graduation.
- (3) The nursing program with a pass rate lower than eighty percent (80%) will:
  - (A) First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate and plan of action to resolve low pass rate;
  - (B) Second consecutive year—The program may be placed on conditional approval status. The program administrator will be required to appear before and present to the board an analysis of program effectiveness, problems identified, and plans of correction. Program effectiveness may include evidence of:
    - 1. Class graduation rates;
    - 2. National Council Licensure Examination for Practical Nurses (NCLEX-PN®) pass rates;
    - 3. Student satisfaction;
    - 4. Job placement rates; and
    - 5. Employer satisfaction;
  - (C) The nursing program placed on conditional approval shall remain on “conditional approval” (as per 20 CSR 2200-3.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3, RSMo; and
  - (D) If, after two (2) years of conditional approval, a school has not demonstrated consistent measurable progress toward implementation of the correction plan, the board will withdraw approval pursuant to section 335.071.3, RSMo.



# Licensure Corner

Authored by Angie Morice  
Licensing Supervisor

## Missouri State Board of Nursing Licensure Committee Members:

Kay Thurston, ADN, RN, Chair  
Charlotte York, LPN  
Clarissa McCamy, LPN  
Linda Conner, BSN, RN  
Autumn Hooper, RN



Morice

## RN renewal deadline was April 30, 2007

The deadline for renewal of Registered Nurse licenses was April 30, 2007. If you failed to renew during the renewal period, your license is now considered lapsed and you must cease practicing immediately.

To reinstate your license you will need to submit a completed RN Petition for License Renewal and submit it to our office with the current renewal fee of \$45.00 plus a \$50.00 penalty fee. If you have been working in Missouri on a lapsed license, you will need to include the following:

- A notarized statement from you stating how you discovered that your license had lapsed, the date you discovered your license was lapsed, date you notified your employer that you could not practice nursing, the date you ceased nursing practice and confirmation that your will not resume employment in a nursing position until your license is renewed.
- A statement from your employer stating the date employer received notification that your license was lapsed, the date your employer removed you from a nursing position and confirmation that you will not be allowed to resume a nursing position until your license is renewed.

## 324.010 Delinquent taxes, conditions for renewal of certain professional licenses

Many Registered Nurses who recently renewed their license have received a letter from the Department of Revenue regarding delinquent taxes. If you received a letter, it is important to contact the Department of Revenue (DOR) immediately at 573-751-7200. Failure to pay your taxes or file tax returns may result in suspension of your nursing license. Since suspension of licenses due to tax non-compliance is initiated by the DOR, if you have questions or need additional information, you must contact DOR at the number stated above.

When your tax compliance letter is received from the Missouri Department of Revenue, make sure that you either mail or fax a copy of the compliance letter to the Board.

## How long does it take to get licensed in Missouri by Endorsement?

The processing of endorsement applications is dependent upon receiving documents from outside sources; therefore the processing time is uncertain. If you have submitted a completed application and meet the criteria for a permanent license, the Board can generally issue a temporary permit within fourteen business days. A temporary permit may be issued the same day by coming to the Missouri State Board of Nursing. You must complete the Endorsement Application, pay the application fee (check, money order or cash in the exact amount only) and submit a copy of your current nursing license.

Your nursing license from another state does not carry over to Missouri; therefore you can not practice in Missouri until you either receive a temporary permit or permanent license. If you are reported to be working in Missouri without either the temporary permit or permanent license, you will be reviewed by the Board for discipline.

## Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

## Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper



# MOCPS Receives Grant for Just Culture Collaborative

The Missouri Center for Patient Safety has received notice of a grant award from the National Council of State Nursing Boards for a statewide collaborative on a Just Culture for Patient Safety.

The goal of the collaborative is to establish a more consistent understanding and management of human error, at-risk behavior and reckless behavior between Missouri healthcare providers and regulators.

The collaborative, to be launched in fall 2007 with a stakeholder meeting followed by recruitment of collaborating organizations, will

- Engage key statewide organizations to learn about a Just Culture and seek support
- Obtain healthcare provider organizations and regulatory agencies as collaborators
- Perform a survey of collaborators to identify the baseline culture of safety
- Provide regional training of collaborators in a Just Culture
- Provide on-site consultation with collaborators to integrate Just Culture
- Perform a post-intervention survey of collaborators to identify culture change
- Provide ongoing support to sustain a Just Culture

**The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes.”**

- Dr. Lucian Leape, Professor, Harvard School of Public Health; Testimony before Congress on Health Care Quality Improvement.

**“People make errors, which lead to accidents. Accidents lead to deaths. The standard solution is to blame the people involved. If we find out who made the errors and punish them, we solve the problem, right? Wrong. The problem is seldom the fault of an individual; it is the fault of the system. Change the people without changing the system and the problems will continue.”** —Don Norman, Apple Fellow



# Practice Corner

Authored by Debra Funk, RN  
Practice Administrator

**Missouri State Board of Nursing  
Practice Committee Members:**

- Amanda Skaggs, RNC, WHNP, Chair
- K’Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Teri Murray, PhD, RN
- Autumn Hooper, RN

**Change is in the Air!**

As many of you know, our website contains many different types of information covering topics from education, licensure, discipline, practice, meetings, board members, publications, general contact information and more. The Practice Committee will be updating the “Frequently Asked Question” (FAQs) sections on the website to bring them more up to date with current practice. One example of such a change will be the removal of the statement regarding Propofol administration. The Board supports the belief that a nurse’s scope of practice is based upon their education, experience, knowledge, skill and competence along with the documentation of continued competency. Facility policy and regulatory bodies support and/or further restrict this practice. In light of this, any statements restricting practice to a specific procedure will be removed from the website.

As dynamic as nursing and other medically related sciences are, we have to expect that beliefs and facts that are true today may change over time. The same is true about opinions rendered by the Board of Nursing through the years. When these statements were made there was usually an additional statement attached that said, “The Board wants you to be advised that their past decision(s) is/are based, by law [536.010 (4) RSMo 1986], upon the receipt of a specific nurse-client-situation request. Therefore, generalizability of the Board’s opinion to other environments or persons unlike those specified in that request is not appropriate. Furthermore, it should be noted that the Board’s past responses are not necessarily reflective of current or future policies, positions, or responses of the Board.” Within the quote above is even a good example of change over time. The law quoted, [536.010 (4) RSMo, 1986], is no longer in effect.



Funk

The Board recommends that nurses and facilities utilize the decision making tool when working through scope of practice issues. This tool is available on our website, [www.pr.mo.gov/nursing.asp](http://www.pr.mo.gov/nursing.asp), under the practice section. Board staff is also available to help answer your questions by email or phone. Other updates and reorganization of the website will occur throughout the year. If you have suggestions for improvements please email them to my attention.

**BNDD Number: Do I need one?**

We have recently received clarification from the Bureau of Narcotics and Dangerous Drugs (BNDD) regarding the requirement of a BNDD number by Nurses (RNs and APRNs) in Missouri. In 19 CSR 30-1.066 (2) (A)-(D), Dispensing by Individual Practitioners, an individual practitioner (physician) may authorize an employee or agent to administer or dispense a controlled substance from the individual practitioner’s (physician’s) inventory when the practitioner (physician) is not present at the registered location, when:

“(A) The administration or dispensing is authorized by the individual practitioner (physician) under a written agreement pursuant to an arrangement established and implemented in accordance with Missouri statutes.” A collaborative practice arrangement would be the vehicle for such an arrangement between a physician and a nurse. “(B) The person who administers or dispenses the controlled substance is authorized by statute to administer or dispense controlled substances. (C) The person who administers or dispenses the controlled substance is registered with the Department of Health to administer or dispense controlled substances.” The BNDD number serves the purpose of registering the nurse with the Department of Health (DHSS).

You can find more information about this topic at [www.dhss.mo.gov/BNDD/Pubs.html](http://www.dhss.mo.gov/BNDD/Pubs.html). Under publications you will find “Guide to Controlled Substances in Missouri”, page 11 discusses what procedures and records are required when administering and dispensing controlled substances. There is also a document titled, “Controlled Substances Guidelines for Clinics” that is geared specifically to the clinic setting.

When you are ready to register with BNDD, email [info@dhss.mo.gov](mailto:info@dhss.mo.gov) and request the information for registration. They will send you an application and registration procedure forms. Note that on some of BNDD’s forms you will see the terminology “Registered Professional Nurse” and on another you may only see “Advanced Practice Nurse.” These forms are intended for both types of nurses to use.

**A Little FYI**

For those of you who receive the “Preceptor News” from OneKC WIRED, there was a misprint of information printed in the June 2007 issue regarding new restrictions on graduate nurses. **There have been no changes to the Missouri Nurse Practice Act regarding graduate nurse practice.** The newsletter wrote a retraction that should have been circulated by the time you receive this Board of Nursing newsletter.

# Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

*Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.*

Type or print your change information on the form below and submit to the Board Office by fax or mail. Name and/or address changes require a written, signed submission. Please submit your change(s) by:

- Fax: 573-751-6745 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

**Duplicate license instructions:**  
It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.  
Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

**Is Your License Lost or Has It Been Stolen?**  
If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>

## SCHEDULE OF BOARD MEETING DATES THROUGH 2008

- September 12-14, 2007
- December 5-7, 2007
- March 5-7, 2008
- June 4-6, 2008
- September 10-12, 2008
- December 3-5, 2008

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.  
If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.  
**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**



The Board of Nursing is requesting contact from the following individuals:

Regena Casey, PN  
Carla Nay, PN  
Michelle Burch, RN  
Gladys Warrior, PN

If anyone has knowledge of their whereabouts, please contact Quinn at 573-751-8740 or send an email to nursing@pr.mo.gov

# DISCIPLINARY ACTIONS\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

## INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation Restricted License	Effective Date of
Tammy Marie DeGroft Glen Allen VA	RN2007007263	Section 335.066.1 and .2(1), RSMo 2000 In Licensee's application, she advised the Board that as a result of seeking treatment for chronic migraine headaches, she became addicted to controlled substances.	3/14/2007 to 10/10/2010
Lesa Marie Jackson Springfield MO	RN2007007264	Section 335.046.2, RSMo 2000 On 1/27/06, Licensee entered the Greene County, Missouri Restorative Justice Program. Licensee was accused of identity theft. Licensee completed the program by, among other requirements, performing community service, writing an apology letter to the victim and paying over \$10,000 in restitution.	3/14/2007 to 3/14/2010
Wendy Lynette McCoig Knoxville TN	RN2007007382	Section Section 335.066.1 and .2(2) and (14), RSMo 2000 On 9/7/05, Licensee pled guilty to Theft Under \$500.00 for diverting Demerol and Phenergan.	3/15/2007 to 3/15/2010
Jamie Lee Pataky New Haven MO	RN2007007325	Section 335.066.1 and .2(2), RSMo 2000 On 12/29/04, 2/3/06, 6/13/06, and 11/15/06, Licensee pled guilty to the Class A Misdemeanor of Theft by Deception (Bad Checks Under \$300.00).	3/14/2007 to 3/14/2008
Jessica Ann Rogers Stoutland MO	PN2007009100	Section 335.066.1 and .2(1), RSMo 2000 As a part of Licensee's application process, Licensee admitted to the Board that she had sought treatment for chemical dependency. Licensee reported that her drug of choice was amphetamines and that she used for a period of approximately four years. In 2003, Licensee entered a treatment program for her addiction. She reports having three years of sobriety in November 2006.	3/30/2007 to 3/30/2009
Jennifer Lynn Stoner Taylor MO	RN2007011595	Section 335.066.1 and .2(1) and (2), RSMo 2000 Prior to 7/19/05, Licensee pled guilty to the Class C Felony of Possession of a Controlled Substance.	4/25/2007 to 4/25/2010
Cassie Adel Wylie Kansas City MO	RN2007007386	Section 335.066.1 and .2(2), RSMo 2000 On 7/25/06, Licensee pled guilty to the Class A misdemeanor of Stealing Under \$500.00.	3/15/2007 to 3/15/2008

# CENSURE LIST

Name	License Number	Violation	Effective Date of Censured License
Laurie A Beach Pilot Grove MO	RN110297	<b>Section 335.066.2(5), RSMo 2000</b> Licensee was approached by a patient after clinic hours and was asked to write a prescription for Avonex. Licensee remembered the individual was a patient of the clinic but had not been seen recently. Licensee agreed to write the prescription only if the patient would make a follow up appointment with the clinic. The patient never followed up with the clinic.	Censure 3/10/2007 to 3/11/2007
Joyce Weiss-Bingham Springfield MO	RN133030	<b>Section 335.066.2(6), RSMo 2000</b> From 5/1/05 to 6/30/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 3/1/2007 to 3/2/2007
Heather Nachol Cason Kansas City MO	PN2004029895	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 8/21/06 at 2:00 p.m., a nurse brought in an envelope of timesheets which Licensee had dated and filled out for dates she had not yet worked. The documents were found in the home of the patient, JW, being cared for by Licensee. The timesheets were filled out for August 20, 21, 22 and 27/2006. Licensee had pre-written nursing notes, but they were not signed by JW's family. The notes included falsified intake and output levels, physical assessments and shift summaries of nursing care not provided to JW. The nursing notes were signed by Licensee. On 11/2/06, Licensee reported that she had not cared for the client JW for several months.	Censure 4/26/2007 to 4/27/2007
Penny J Eckles Columbia MO	RN135324	<b>Section 335.066.2(6), RSMo 2000</b> From 5/1/05 until 8/1/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 3/1/2007 to 3/2/2007
Melissa A George Columbia MO	PN057666	<b>Section 620.153, RSMo 2000</b> In accordance with a previous disciplinary Order, Licensee was required to obtain 15 continuing education hours each year of probation. Licensee did complete the continuing education contact hours for her second year of probation, but failed to submit them to the Board in a timely fashion.	Censure 3/8/2007 to 3/9/2007

Number of Nurses  
Currently Licensed in the  
State of Missouri

As of August 1, 2007

Profession	Number
Licensed Practical Nurse	23,374
Registered Professional Nurse	82,421
Total	105,795

Censure List cont. to page 22



# Missouri Nurses Reach Out to the World

Authored by Bridgett Robbins, RN, MSN  
University of Missouri-Columbia



Jill Scott-Cawiezell is holding a Dominican infant, while five Sinclair Nursing Students (from left to right Kellie Schmidt, Barbara Grogg, Christine Burmann, Lindsey Hough, and Lindsay Banta) admire her touch.

While many were planning a Spring Break of fun and sun to the beaches of Florida and the Caribbean, a group of University of Missouri faculty and students were planning a Medical Mission to the Dominican Republic. Planning started several months before departure and was coordinated by Vision Trust International, an organization which helps children of underdeveloped nations. Assistance is given to these under served countries by the means of education, food, medical assessments, and religious support.

How did the plan for this particular trip begin? It started with a single nurse who had gone on a Mission before. She described her past experiences on Medical Missions to others, what the needs of the children were, and what nurses could do about it. Since, nurses have an instinct to help when needed, a group of twelve interested participants formed in a matter of weeks. Our group included several nursing students and practicing RNs associated with the University of Missouri. In addition we had Professors from the University of Missouri: Jill Scott-Cawiezell, Assistant Professor, Debra Gayer, Assistant Professor, Rose Porter, Dean of Sinclair School of Nursing, and Michael Porter, Associate Professor of Communications. One of the keys to this successful Mission was having someone who had been before. Jill Scott-Cawiezell was our leader. She had been on many medical missions in the past and spurred the group on during our adventure.

The group started planning several months in advance by deciding what we could do to help. The health problems we could impact included issues such as growth deficiencies, skin problems, identifying those with tooth decay for dental services, and assessing for significant problems during health screens. The goal was to triage children with considerable problems, so that those with the greatest need could be directed toward medical care within the Dominican Republic Health Care System. In addition, hygiene practices, dental care, and nutritional issues would be addressed. We packed up vitamins, tooth brushes, tooth paste, and a few medical supplies which had been donated from nursing students, friends, neighbors, family and medical organizations. But the most important thing carried to these children was attention and concern for their well being, brought by caring nurses from MU.

While in the Dominican Republic we visited two separate primary schools. Prior missions had visited the first school. The second school had not had the same attention. We found significant differences between the children from the two schools. The first school had better growth, less skin problems, and an over all healthier group of children. It is quite amazing what impact is made with basic education relative to clean water, good nutrition practices, healthy hygiene habits, and tooth care.

It is difficult to describe the experience with a few words, but one nurse gave the following description, “It was fun, fatiguing, and frustrating.” The Mission group was very high spirited and willing to work to make a difference. It is always a pleasure to help and work with children. They are so energetic and unknowing of how challenging the world around them can be. It was hard work to see so many children, collect data, and make a plan to do the greatest good for as many as possible. It was disturbing that such simple things as clean water and hygiene practices could stagnate the health of so many. However, “It was overall a very satisfying experience, and yes, I would do it again.”

As for me, I am very proud to have been part of the group of nurses who was able to help the children on this Mission. I would encourage anyone who has the same opportunity to go on this fantastic adventure. It is a life experience that is worth while. I expect to rejoin several of the team members on a future Mission. I only hope that we can do it soon.

## Censure List cont. from page 21

Name	License Number	Violation	Effective Date of Censured License
Konni Lanette Hall Ozark MO	RN2003016594	<b>Section 335.066.2(5), RSMo 2000</b> On 1/19/05, a registered nurse was sitting at the nurse's desk across from a patient room when she heard Licensee say, "you pulled it out again." Another nurse stated that she was at the nurse's desk and she heard Licensee raise her voice and saw Licensee slap the patient's hand. Licensee admitted to slapping the patient's hand one time.	Censure 5/10/2007 to 5/11/2007
Emily Jean Henderson Jefferson City MO	PN052504	<b>Section 335.066.2(5), RSMo 2000</b> On 5/22/06, Licensee clocked in to work at 7:01 a.m. and clocked out 47 minutes later at 7:48 a.m. The RN-Clinical Coordinator reported that Licensee approached her on 5/22/06 and stated that she needed to go home and check on her daughter. The RN-Clinical Coordinator reported that in the time Licensee was at work she had taken report on 5 patients and charted in 2 of the patient's charts. Licensee never returned to work after she clocked out at 7:48 a.m.	Censure 3/1/2007 to 3/2/2007
Nancy L Keene Blue Springs MO	RN037572	<b>Section 335.066.2(6), RSMo 2000</b> From 4/30/05 to 1/26/07, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 4/5/2007 to 4/6/2007
John William Keyes Carl Junction MO	RN117753	<b>Section 335.066.2(6), RSMo 2000</b> From 5/1/05 until 8/2/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 3/1/2007 to 3/2/2007
Janice L Klatt Columbia MO	PN034310	<b>Section 335.066.2(6), RSMo 2000</b> From 6/1/04 until 5/16/06, Licensee practiced as a licensed practical nurse on a lapsed license.	Censure 3/1/2007 to 3/2/2007
Kimberly C LeSieur Portageville MO	RN2002027234	<b>Section 335.066.2(5), RSMo 2000</b> On 11/17/05 and 12/28/05, Licensee accessed an individual's medical records. Licensee never cared for the individual and had no medical reason to access their medical records.	Censure 3/1/2007 to 3/2/2007
Kristi Gayle McCracken Carl Junction MO	RN2003028624	<b>Section 335.066.2(5), RSMo 2000</b> After a review of Licensee's timecards were completed and it was discovered that she had falsely reported working on 12/5/05 and 12/28/05, 1/27/06 and 3/13/06 and 3/31/06.	Censure 4/26/2007 to 4/27/2007
Carolyn Sue Peggs Wentzville MO	RN111605	<b>Section 335.066.2(6), RSMo 2000</b> From 5/1/05 until 9/27/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 5/10/2007 to 5/11/2007
Marjorie Lucille Perkins Sedalia MO	RN2003020477	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 3/26/06, Licensee attended an open board meeting to share her opinion of some operational events that took place during her employment. During the board meeting, Licensee presented to the board medical record information on residents at the facility. Licensee had made copies of the documents and removed them from the facility and kept them at her home until she presented them at the board meeting. Licensee was advised at that time, that she was not authorized to have patient's medical records. At no time did Licensee have permission from the patients' or the facility to view these records outside the scope of her employment nor did she have permission to make copies of these records and present such records at a public meeting.	Censure 5/10/2007 to 5/11/2007
Lee A Rasmussen Ava MO	RN1999134608	<b>Section 335.066.2(8), RSMo 2000</b> On 12/14/05, Licensee was disciplined by the Arizona Board of Nursing.	Censure 4/12/2007 to 4/13/2007
Sara Renee Wallace East Prairie MO	PN2004019001	<b>Section 335.066.2(5), RSMo 2000</b> On 1/15/06, an employer received a complaint from a patient that Licensee had obtained protected medical information and talked about it.	Censure 4/26/2007 to 4/27/2007
Crystal R Williams Saint Louis MO	PN2000144144	<b>Section 335.066.2(5), (6), and (12), RSMo 2000</b> From 6/1/04 through 1/5/06, Licensee practiced as a licensed practical nurse on a lapsed license.	Censure 4/26/2007 to 4/27/2007

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Carletta S Arnold Lake Lotawana MO	RN149549	<b>Section 335.066.2(5), RSMo 2000</b> On 12/22/05, the Clinical Director stated that she received a call from a pharmacy regarding which medications the facility would pay for. When she began looking at the patient's chart she discovered that the nurse's notes for visits scheduled to have been made by Licensee were not documented in the charts. The audit of three patient's charts showed irregularities, all three patients were in a long term care facility and had skilled nursing visits scheduled twice a week by Licensee. The audit revealed that Licensee documented that she saw some, but not all, of the patients Licensee was scheduled to see each day. According to the schedule for the three patients, Licensee missed 14 visits between 10/10/05 to 12/23/05 for the first patient, 13 visits between 10/3/05 to 12/23/05 for the second patient and Licensee missed 11 visits between 9/26/05 to 12/23/05 for the third patient.	Probation 5/10/2007 to 5/10/2009
Betty Jean Aulabaugh De Soto MO	RN2005040242	<b>Section 335.066.2(5), RSMo 2000</b> Licensee was terminated due to pharmacy records indicating that Licensee had charting discrepancies that implied diversion of narcotics. Licensee submitted to a urine test at the request of her employer, the result of the urine test was negative. Licensee stated that at the beginning of September Licensee's boss and supervisor met with her and requested that she submit to a urine test at which point Licensee informed them she was taking medications. In October Licensee's supervisor informed Licensee that all medications were accounted for except for two vials. Licensee responded that she had no idea what happened to the two vials. The nurse manager stated that four vials were not accounted for and there was no documentation of any medication being wasted by Licensee.	Probation 4/26/2007 to 6/18/2007
Rataka R Baker Saint Louis MO	PN058826	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 11/14/01, Licensee was the charge nurse of the area where A.S. was a patient. A.S. went to the designated smoking area, near the nurses' station, to smoke a cigarette. Licensee informed A.S. that if he wanted to smoke, he was to go to the North Hall. A.S. told Licensee that the patients were told not to smoke in the North Hall, but to smoke only in the designated smoking area where the smoking signs were posted. Licensee told A.S. that she did not care. She repeated that he was not to smoke near the nurses' station and had to go to the North Hall. Licensee did not have the permission to change the designated smoking area. When A.S. returned to the ward, Licensee accused him of lying about her. Licensee threatened to "shoot " A.S. with an Ativan shot. Licensee told A.S. that if she got fired for this, she would come back and get him. Licensee said that as long as she was working the floor, A.S. could not go off the floor.	Probation 3/7/2007 to 3/7/2010
Tammy J Bennett Ozark MO	RN126198	<b>Section 335.066.2(5), (12), (14), RSMo 2000</b> On 10/11/05, while on duty, Licensee withdrew Morphine for patient J.H. from the Acudose machine. J.H. did not have a physician's order for morphine. Licensee failed to document the administration and/or wastage of the morphine. On 10/17/05, while on duty, Licensee withdrew morphine for patient F.W. from the Acudose medication dispensing machine and failed to document its administration and/or wastage. On 7/17/06 at 2201 hours, Licensee removed a scheduled narcotic (Morphine 10mg) using her own account number from a previous date of service. Licensee used her name as the patient to remove the Morphine from the Pyxis system. At the time of this incident, Licensee was working the night shift in the Emergency Department. Licensee did not have physician authority to remove the scheduled narcotic. Licensee failed to document the administration and/or wastage of the 10mg Morphine.	Probation 4/7/2007 to 4/7/2010

NLN Supports Nurse Faculty Higher Education Act

Rep. Carolyn McCarthy’s Bill Addresses Critical Shortages in Nursing Creates Pilot Program to Increase Graduate-Educated Nurse Faculty

New York, NY, May 23, 2007—Based on the positive impact the bill would have vis a vis the nurse and nurse faculty shortage, the National League for Nursing today announced its strong endorsement of the legislation introduced by Representative McCarthy on May 17.

The Faculty Higher Education Act will “create a pilot program to increase the number of graduate-educated nurse faculty to meet the future need for qualified nurses...” Said NLN CEO Dr. Beverly Malone, “The provision of grants to hospitals and health facilities that permit qualified nurses to earn a salary while they continue their education is a significant step in addressing our ongoing shortages.” Nurses participating in this program would continue to work part-time or on flexible schedules to accommodate their schooling. Upon completion, each nurse will be required to teach two years for each year of support received under the program.

Added NLN president Dr. Toni Bargagliotti, “The NLN endorsed this bill when it was introduced in the previous Congress and stands behind it 100 percent. It is as vital as ever to ensure that nurses exist in the future who are prepared and qualified to take care of all Americans who will need their care

Dedicated to excellence in nursing, the National League for Nursing is the premier organization for nurse faculty and leaders in nursing education offering faculty development, networking opportunities, testing and assessment, nursing research grants, and public policy initiatives to its 21,000 individual and 1,100 institutional members.



# Summary of Actions

## June 2007 Board Meeting

### Education Matters

#### Proposals for new programs

- A proposal to establish a generic/traditional track on the Rolla campus of East Central College, ADN Program #17-425 was approved.
- A proposal to establish a part time, evening/weekend, 16 month PN Program in Bethany by Central Missouri College was given initial approval.
- A proposal to establish an Associate Degree in Nursing, LPN to RN Bridge Program in Springfield, MO by Ozark Technical Community College was given initial approval.

#### Curriculum Changes

- Request for curriculum revisions was approved for Bolivar Technical College, PN Program #17-121.
- Request for curriculum revisions was approved for Texas County Technical Institute, PN Program #17-135
- Request for curriculum revisions was approved for Bolivar Technical College ADN Program #17-402
- Request for curriculum revisions was approved for Missouri State University/Springfield, BSN Program #17-550
- Request for curriculum revisions was approved for Three Rivers Community College ADN Program, #17-462
- Request for curriculum revisions was approved for Applied Technology Services/West County, #17-154 and Applied Technology Services/MET Center, PN Programs, #17-100
- Request for curriculum revisions was approved for Lincoln University #17-467 and Lincoln University, Fort Leonard Wood, #17-416, ADN programs
- Request for curriculum revisions was approved for Missouri Western State University, BSN Program #17-402
- Request for curriculum revisions was approved for Central Methodist University, BSN Program #17-509
- Request for curriculum revisions was approved for Nevada Regional Technical Center, PN Program, #17-187
- Request for curriculum revisions was approved for Gibson Technical Center, PN Program #17-104
- Request for curriculum revisions was approved for Sanford Brown College, PN Program #17-104
- Request for curriculum revisions was approved for Sanford Brown College, ADN Program #17-421
- Request for curriculum revisions was approved for Columbia College, #17-412 and Columbia College/Lake Ozark, #17-404, ADN Programs

#### Admission Revisions

- Request for changes in admission times was approved fro Chamberlain College of Nursing, BSN Program #17-500

#### Enrollment Changes

- Request to increase enrollment from 30 to 40 students at Hannibal LaGrange College, ADN Program #17-472 was approved
- Request to increase enrollment from 50 to 56 students at Avila University, BSN Program #17-554 was approved
- Request to increase enrollment from 40-45 students at Sanford Brown College, PN Program #17-104 was approved
- Request to increase enrollment from 35-40 students at Sanford Brown College, ADN Program #17-421 was approved

#### Surveys

- Numerous survey reports were reviewed and accepted.

### Discipline Matters

The Board held 7 disciplinary hearings and 15 violation hearings.

### Licensure Matters

The Licensure Committee reviewed 23 applications and 13 renewal applications. Results of reviews as follows:

- Initial Applications**  
Approved—12  
Approved with letters of concern—4  
Applications approved with probated licenses—2  
Applications tabled for additional information—2  
Denied applications—3
- Renewal Applications**  
Issued letter of concern—1  
Probated—5  
No further action—5  
Denied—2

In addition 11 letters of concern for unlicensed practice were issued.

### Probation List cont. from page 23

Name	License Number	Violation	Effective Date of Probation
Mary Susannah Bertz Saint Louis MO	PN2001030488	<b>Section 335.066.2(5), RSMo 2000</b> Licensee is licensed as a licensed practical nurse. While caring for a patient Licensee administered IV push meds to the patient.	Probation 3/1/2007 to 3/1/2008
Nancy E Biggs Saint Louis MO	RN085062	<b>Section 335.066.2(1) and (2), RSMo 2000</b> On 10/21/05, License pled guilty to the Class D Felony of DWI, the Class A Misdemeanor of Resisting Arrest and the Class B Misdemeanor of Careless and Imprudent Driving.	Probation 3/12/2007 to 3/12/2009
Gloria Lynn Blissit Saint Louis MO	PN2001009029	<b>Section 335.066.2(5), (12) and (15), RSMo 2000</b> On the day in question, there was an altercation between Licensee and resident A.H. in the dining room. Resident A.H. was not supposed to get regular shakes because she was diabetic. When Licensee picked up resident A.H.'s shake, the resident proceeded to kick Licensee. Licensee then kicked the resident back. Licensee was placed on the Employee Disqualification List.	Probation 5/5/2007 to 5/5/2010
Ami Annette Brooke Kidder MO	PN2001027998	<b>Section 335.066.2(1), RSMo 2000</b> Licensee submitted to a random drug screen which was positive for marijuana.	Probation 6/1/2007 to 6/1/2009
Donna Nellene Brown Alton MO	PN2004003376	<b>Section 335.066.2 (5). RSMo 2000</b> On 5/9/06, Licensee signed a verbal order in a chart for a physician approving the patient's home medication for the hospital stay. The physician saw the order on the patient's chart on 5/10/06 and realized that he had not approved the order and was not even on call that day. On 5/11/06, Licensee told the DON, "Yes I did it, and I don't know why."	Probation 4/28/2007 to 4/28/2008
Stephney A Brown Kansas City MO	PN056554	<b>Section 335.066.2(1) and (14), RSMo 2000</b> From 6/1/03 to 12/14/03, Licensee knowingly possessed and consumed methamphetamine.	Probation 5/9/2007 to 5/9/2009
Billy Joe Burrows Carl Junction MO	PN2004022430	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 10/28/05 client's son complained that his mother had not received her weekly home health visit for several weeks and that the medications had not been set up properly. It was discovered that several signatures on visit slips were not the clients. When confronted about the forgeries on the slips, licensee admitted he had signed the slips for the patient and another client at the request of the clients. On September 6-8, 2005, licensee recorded the same respirations for all the clients he saw on those days, it was determined that licensee did not conduct the client visits on those days and that he falsified the client records. After termination another nurse assigned to care for a patient discovered "unidentifiable" medications in medication box and 12-14 days of anxiolytic and narcotic pain medication was missing.	Probation 4/26/2007 to 4/26/2008
Sarah L Carmichael Kansas City MO	RN137260	<b>Section 335.066.2(1) and (5), RSMo 2000</b> On 8/2/06, it was reported that after Licensee arrived at work she was exhibiting abnormal behavior and using foul language. Licensee tested .169 on a blood alcohol test.	Probation 5/26/2007 to 5/26/2012
Gale E Coats Leeton MO	PN054979	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 5/2/01, Licensee consumed 5 or 6 beers during the afternoon prior to the start of her 11 p.m. shift. On 5/2/01, Licensee reported to work with the smell of alcohol on her breath. On 5/2/01, Licensee submitted to a urine test for drug and alcohol and the result for ethyl alcohol was 0.05 G/DL.	Probation 3/7/2007 to 3/7/2012
Paula S Conley Salem MO	PN045143	<b>Section 335.066.2(4), (5) &amp; (12), RSMo 2000</b> From 6/02 through 6/04, Licensee served as the treasurer of the auxiliary. While serving as treasurer, Licensee removed approximately \$5,336.00 from the auxiliary checking and savings accounts without authorization. Licensee forged the signature of another employee when removing money from the accounts. During her employment, Licensee was charged with keeping an envelope with \$300.00 from a fundraiser in her desk drawer for the purchase of new bedding. After Licensee's termination, the envelope in her desk drawer was found to be empty.	Probation 5/3/2007 to 5/3/2009
Patricia Gail Cooksey Savannah MO	RN2004007049	<b>Section 335.066.2(5), RSMo 2000</b> On 7/10/06, Licensee pled guilty for theft/stealing of controlled substance.	Probation 4/26/2007 to 4/26/2011

Probation List cont. from page 24

Name	License Number	Violation	Effective Date of Probation
Valerie L Daniels Raytown MO	PN032885	<b>Section 335.066.2(5), RSMo 2000</b> Licensee allowed a CMT to count narcotics and sign Licensee's name to medical records. Licensee's signature appeared on nurse's notes dated 12/16/05 at 5:00 p.m. when Licensee timed out on that day at 2:39 p.m. On 12/18/05, Licensee signed for the narcotics count however Licensee did not work on 12/18/05. On 12/19/05 at 4:30 p.m. a note was written and Licensee's name was listed in the nurse's column however on 12/19 Licensee timed out at 3:14 p.m. A CMT was trained to do tube feedings and stated that the Licensee was his supervisor and that she asked that they not chart the tube feedings on the M.A.R. rather they should leave it blank and a licensed nurse would fill in the blanks. The CMT also stated that they were allowed to count narcotics but left the narcotic count verification blank and a licensed nurse would fill it in and the licensee knew about this.	Probation 3/22/2007 to 3/22/2008
Tiffany J Devine Belle MO	PN1999138227	<b>Section 335.066.2(1) &amp; (14), RSMo 2000</b> On 6/8/05, Licensee submitted to a pre-employment drug screen which tested positive for marijuana.	Probation 5/10/2007 to 5/10/2008
Tina L Dodds Sweet Springs MO	PN2002022781	<b>Section 335.066.2(1), RSMo 2000</b> Licensee submitted to a pre-employment drug screen and on 8/1/05 the test results revealed that Licensee tested positive for marijuana.	Probation 4/26/2007 to 4/26/2008
David B Dorrough Rolla MO	RN117337	<b>Section 335.066.2(2), RSMo 2000</b> After being arrested, Licensee stated to the arresting Deputy, "You all better hope you don't have to visit while I am working", referring to his position as an ICU nurse. The Deputy asked Licensee if he was making a threat and Licensee replied, "Take it as you must."	Probation 3/21/2007 to 3/21/2009
Wanda M Dunlap Fulton MO	PN042598	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 8/12/04, a co-worker reported to Licensee that a resident's oxygen was not working, to which Licensee responded she would "get to it as soon as I can". On 8/30/04, Licensee gave a resident MS Contin tablets rectally, when the physician's orders indicated the medication was to be given orally. On 9/7/04, Licensee documented a resident's temperature to be 104.2 degree, abdomen distended, semi-firm and emesis, to which Licensee gave the resident a Fleet enema, a Ducolax suppository and Milk of Magnesia, all during one shift, thus exceeding Licensee's scope of practice. Licensee did not call the resident's physician nor did Licensee notify the registered nurse on-call.	Probation 5/30/2007 to 5/30/2009

# Missouri League for Nursing Electronic Course Offerings

The Missouri League for Nursing (MLN) is currently developing continuing education courses that will be made available electronically. These courses will first be launched on CD-ROM and later offered as online courses. The course topics to be included in electronic formats are:

- Documentation—This course will address both practice issues and ethical issues in documentation, including such issues as confidentiality, falsifying records, and advance charting.
- Legal Aspects of Practice—This course will address the scope of nursing practice according to the Missouri Statutes, standards of care, and other legal issues in daily nursing practice.
- Medication Administration—This course will address basic principles of medication administration and documentation.
- Critical Thinking—This course will address the definition and use of critical thinking in daily nursing practice and assist the nurse to develop a personal approach to critical thinking in practice.
- Professionalism—This course will address the role and behaviors of the professional nurse.
- Delegation—This course will define delegation and address delegation guidelines and reporting mechanism for daily nursing practice.

For additional information on these CE offerings, please contact MLN at 573-635-5355 or e-mail [mln@monursing.org](mailto:mln@monursing.org).



Probation List cont. from page 25

Name	License Number	Violation	Effective Date of Probation
Doris S Fisk Springfield MO	PN051588	<b>Section 335.066.2(5) and (14), RSMo 2000</b> On September 25-26 2005 two ocycontin pills were missing and not recovered, a Norco medication card was missing along with the controlled drug record for the Norco. Due to these discoveries drug screens were submitted by several employees, licensee could not be contacted until October 3, 2005. Licensee documented administration of Norco on September 21, 2005 however video showed that the licensee did not enter the resident's room one hour before or one hour after the time documented. A resident reported that she did not receive her Percocet on September 3,5,10,11,17,18,19, and 23, 2005 as documented by licensee on controlled drug record. Licensee was scheduled to work on October 1, 2005, did not show up for her shift and was terminated for failing to show up for her scheduled shift.	Probation 4/26/2007 to 4/26/2010
Donna J Gerhardt Sikeston MO	RN145934	<b>Section 335.066.2(1), (5), (12) and (14), RSMo 2000</b> A comparison of Licensee's Pyxis activity was requested when instances of suspicious ordering and documentation of Demerol 100 ml were discovered. On 3/22/06, the nurse on duty reviewed the patient's chart and found that Licensee had written an order for Demerol 100 ml IM with no date, time or notation as to whether it was a verbal or telephone order from the physician. She then contacted the physician, who stated that he had not given that particular order. Licensee stated that she falsified physician's orders for Demerol so that she could obtain the Demerol for her own personal use. Licensee reported diverting Demerol on the day after she injured her hip in 11/05. She administered a dose of Demerol 25 ml IV and rather than destroying the reminder of the Demerol, she took it home and administered it to herself that evening for hip pain. Licensee reported that she continued to divert Demerol until she was terminated in 3/06.	Probation 4/26/2007 to 4/26/2012
Angela D Grider Savannah MO	PN045545	<b>Section 335.066.2(5), (12), and (14), RSMo</b> From 1/24/03 to 5/13/04, Licensee knowingly called in 38 fraudulent prescriptions, each for 60 hydrocodone tablets (10-day supply) representing herself as a physician's office nurse, calling in prescriptions to a pharmacy on behalf of a physician and collecting the prescriptions for herself.	Probation 3/2/2007 to 3/2/2012
Patti M Grigsby Joplin MO	RN085332	<b>Section 335.066.2(5), RSMo 2000</b> A patient had an order for Percocet as needed for pain, one tablet every six hours. On October 3, the night shift documented the administration of a dose of Percocet at 6:00 AM the Licensee documented administration of doses of Percocet at 10:00 AM and 2:00 PM. The Licensee also documented another dose of Percocet to the patient at 8:00 PM however according to the licensee's timecard she clocked out at 7:07 PM. Licensee was terminated on October 13, 2006 for failing to administer medication to a patient in accordance with the physician's order.	Probation 5/29/2007 to 5/29/2009

Probation List cont. from page 26			
Name	License Number	Violation	Effective Date of Probation
Heather Nicole Hanley Huntsville MO	RN2005024357	Section 335.066.2(1), RSMo 2000 Licensee submitted to a drug screen which tested tested positive for marijuana.	Probation 4/26/2007 to 4/26/2008
Jeffrey L Hannah Nixa MO	RN112939	Section 620.153, RSMo 2000 Licensee violated the disciplinary agreement by submitting to a urine drug and alcohol screen taken on 2/27/04 which was positive for alcohol.	Probation 4/26/2007 to 4/26/2012
Lu Ann Huffman Independence MO	PN047179	Section 335.066.2(5), RSMo 2000 Licensee failed to inform the area RN that the dressing was to be changed. As a result, the Resident's dressing was not changed. Two Resident's were to have their wounds assessed and measured however this documentation did not occur. Another Resident did not receive her prescribed application of Caromol lotion. The medication was filled once however it was two thirds full when checked. On 7/27/05, Miacalcin nasal spray was ordered and the prescription was filled on that date. The seal on the bottle was never broken however it was documented on several occasions that it was given. Licensee admitted that she did not give the medication to the Resident.	Probation 3/21/2007 to 3/21/2008
Karissa Therese Hundley Boonville MO	PN2002025104	Section 335.066.2(5), RSMo 2000 In 2004 Licensee took time under the Family Medical Leave Act. The time Licensee took under the Family Medical Leave ended on 12/16/04. From 12/16/04 until 8/12/05, Licensee was absent 19 times. On 8/17/05, Licensee received written warning for lack of charting and recording, for failure to give adequate information during report, for documenting the administration of eye drops when the bottle was found sealed and unopened, for recording outputs on a patient only after it was mentioned that nothing was recorded, for dried stool being found on a patient after Licensee reported that patient was bathed and for failing to follow an RNs instructions to place a pillow under the legs of a patient. On 9/8/05, Licensee received final warning for failing to dispense medication to a patient, for leaving the patient's room after being assigned as a patient observer, for coming to work ill and for failing to perform assigned duties. On 9/13/05, Licensee was questioned for failing to document the 8 a.m. Lovenox she gave to a patient. On the same day Licensee resigned.	Probation 4/28/2007 to 4/28/2009
Sarah A Jackson Columbia MO	RN095395	Section 335.066.2(5), RSMo 2000 Licensee was one of two circulating nurses in the operating room for surgery. Licensee prepped the patient before surgery and counted all items to be used before surgery. Licensee was relieved by the other circulating nurse for lunch and did not return until the surgery was over. However, Licensee's signature appears on the form verifying the number of instruments and sponges at the end of surgery. It was later discovered that the surgery resulted in a wound infection and the retention of a surgical sponge in the wound.	Probation 4/26/2007 to 4/26/2008
Brenda Gernea Johnson Florissant MO	RN1999136888	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. On 12/8/06, Licensee submitted a urine sample for random drug screening which tested positive for the presence of morphine and codeine.	Probation 3/7/2007 to 9/14/2009
Jeanette D Johnson Ballwin MO	RN108780	Section 620.153, RSMo 2000 On 9/27/06, Licensee self-reported to the Board that she had relapsed on oxycontin.	Probation 3/8/2007 to 11/1/2008
Shannon Nicole Jones Marshall MO	PN2002025431	Section 335.066.2(1) & (14), RSMo 2000 On 10/28/04, Licensee submitted to a for cause drug screen which was positive for cannabinoids (Marijuana) and meperidine (Demerol). On 12/6/04, Licensee submitted to a second drug screen which was positive for merperidine (Demerol) and propoxphene (Darvocet) and morphine.	Probation 4/26/2007 to 4/26/2010
Carolyn J Keener Lenexa KS	RN135183	Section 335.066.2(1), (5), (12), and (14) RSMo 2000 On 5/26/04, Licensee misappropriated two Demerol 100mg vials for her own personal consumption. On 6/1/04, the Board received a letter from the Licensee self-reporting her diversion of the Demerol on 5/26/04.	Probation 4/12/2007 to 4/12/2010



Probation List cont. from page 27

Name	License Number	Violation	Effective Date of Probation
Christine S King Joplin MO	RN120383	<b>Section 335.06.2(5), RSMo 2000</b> On 6/10/06, Licensee and another registered nurse duties included admitting patients and filling out assessments prior to the Patient's PET scans. The other registered nurse reported that the first patient of the day did not show up and when the second patient arrived she opened the chart to fill out the assessment and saw that "the patient's assessment was completely filled out" and that Licensee has signed it. The assessment should not have been filled out due to the fact that Licensee had never seen the patient.	Probation 4/28/2007 to 4/28/2008
Teresa L King Bonne Terre MO	PN043160	<b>Section 335.066.2(14), RSMo 2000</b> On 2/26/06, Licensee submitted to a random urine test which was positive for marijuana.	Probation 4/28/2007 to 4/28/2009
Larry L Knepper Joplin MO	RN090811	<b>Section 620.153, RSMo 2000</b> In accordance with the terms of the Agreement, Licensee is to abstain completely from the use or consumption of alcohol. On 1/4/07, Licensee submitted to a drug and alcohol screening which tested positive for the presence of ethyl glycuronide, a metabolite. Through Licensee's testimony, it was revealed that the sample submitted for testing by the Licensee on 2/8/07, also tested positive for the presence of ethyl glucuronide.	Probation 3/8/2007 to 3/8/2012
Lisa K Knold Kansas City MO	RN143990	<b>Section 335.066.2(2), RSMo 2000</b> On 10/6/02, Licensee was arrested for DWI, at the time Licensee's blood alcohol content was .171.	Probation 4/26/2007 to 4/26/2009
Margaret Ann Kriwiel Mexico MO	RN2006004023	<b>Section 335.066.2(1), RSMo 2000</b> Prior to 1/18/06, Licensee submitted to a pre-employment drug screen which tested positive for marijuana.	Probation 5/10/2007 to 5/10/2009
Aida G Lawrence Butler MO	RN1999140166	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 10/2/02, Licensee used a syringe to inject herself with Lidocaine and Propofol.	Probation 3/7/2007 to 3/7/2010

Probation List cont. from page 28

Name	License Number	Violation	Effective Date of Probation
Nancy J Loughary Bismarck MO	PN048700	<b>Section 335.066.2(1) and (14), RSMo 2000</b> On 9/21/05, Licensee submitted to a urine sample which was verified as testing positive for marijuana.	Probation 5/5/2007 to 5/5/2008
Melissa Kay McAllister Galena KS	RN2002024737	<b>Section 335.066.2(5), RSMo 2000</b> In October of 2006, it was discovered that Licensee was calling in unauthorized prescriptions for Lortab, Phenergan and Amoxicillin for herself. Licensee admitted that she called in unauthorized prescriptions for her own personal use.	Probation 6/1/2007 to 6/1/2010
Laura K McCray Williamsburg MO	PN054658	<b>Section 335.066.2(1) and (2), RSMo 2000</b> On 1/17/06, Licensee pled guilty to the Class C Felony of Forgery.	Probation 4/4/2007 to 4/4/2010
Patricia A McGhee Saint Louis MO	RN087429	<b>Section 620.153 RSMo</b> Licensee violated terms of discipline. Licensee was prohibited from passing medications until Licensee had submitted documentation of having completed Continuing Education Units (CEU's ) in medication administration. On 10/26/06, Licensee was working the 11-7 shift, as the Resource Nurse and the only Registered Nurse on duty. On 10/26/06 and 10/27/06, per physician's order a patient was administered Dilaudid, if the Licensee administered the drug herself, she violated the terms of her Discipline Agreement by administering medication prior to her submission of CEU's in medication administration. If the Licensee directed or allowed an unqualified individual to administer the drug, she also violated the Nursing Practice Act by enabling another person to practice outside of their scope of authority.	Probation 3/19/2007 to 3/19/2008
Margaret Helen Mears Kansas City MO	PN2000170578	<b>Section 620.151, RSMo 2000</b> On 2/3/05, Licensee's urine specimen tested positive for opiates. Further analysis of Licensee's urine specimen showed a morphine concentration suggestive of either heroin or pharmaceutical grade morphine use. Licensee did not have a valid prescription or order for morphine or heroin. In a letter to her employer dated 3/15/05, Licensee claims to have ingested Oxycontin on or about 2/2/05. At no time relevant herein did Licensee have a valid prescription for OxyContin or oxycodone. On 2/10/05, Licensee was contacted by telephone before her shift and told to bring proof of her drug prescriptions when she came for her shift. On 2/10/05, Licensee failed to arrive for her scheduled shift and also failed to telephone or otherwise notify her employer that she was not coming to work that day.	Probation 5/11/2007 to 5/11/2009
Susan A Mosetti Saint Louis MO	RN110948	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 6/28/02, an audit was conducted of Licensee's pyxis activity and patient medication records, which revealed the following documentation errors: 70 instances where Demerol was withdrawn by Licensee under specific patient names without a documented physician's order. Licensee failed to document the administration and/or wastage of these withdraws and two doses of Demerol were removed from Floorstock by Licensee with no documentation as to the patient name, administration and/or wastage of the Demerol removed.	Probation 3/26/2007 to 3/26/2008
Catherine Marie Mueller Washington MO	PN2005036129	<b>Section 335.066.2(5), RSMo 2000</b> Licensee recorded 5 accu-checks for three different residents however the glucometer showed that there were no accu-checks done. On 6/21/06, the glucometer was checked again and showed that the licensee did not do any accu-checks as ordered by the physician. On 6/20/06, licensee only administered one tube feeding when three should have been administered to a resident. Licensee documented that all three tube feedings were administered.	Probation 3/1/2007 to 3/1/2008
Rose M Person Olathe KS	RN123220	<b>Section 335.066.2(5) and (12), RSMo 2002</b> From 8/17/05 to 9/18/05, on 19 separate occasions, Licensee withdrew narcotics and failed to document the administration and/or wastage of the narcotics on the patient's medication administration record.	Probation 5/17/2007 to 5/17/2009
Francine Annie Pierce Farmington MO	PN2002008264	<b>Section 335.066.2(1), RSMo 2000</b> On 10/3/03, Licensee was convicted of DWI.	Probation 6/1/2007 to 6/1/2008



Probation List cont. from page 29

Name	License Number	Violation	Effective Date of Probation
Gregory Franklin Rhines Sikeston MO	PN2005027306	Section 335.066.2(14), RSMo 2000 On 4/7/06, Licensee submitted to a drug screen which was positive for marijuana and cocaine.	Probation 3/1/2007 to 3/1/2012
Lynne M Riggs Oronogo MO	PN045864	Section 335.066.2(5) and (12), RSMo 2000 On July 4, 8, and 11, 2004 licensee removed two Hydrocodone—APAP 5-500 tablets, licensee did not document administration or wastage of the medication. On 6/27/04 licensee removed two Acetaminophen with Codeine, 300-30 mg tablets at 5:22 p.m., licensee did not document that the medication was administered, but stated in the nurses' notes that she administered the medicaiton at 4:00 p.m. On 6/27/04 licensee removed two Propoxyphene—N/APAP 100/650 mg tablets, licensee did not document administration or wastage of the medication. On 7/11/04 licensee removed two Oxycodone—APAP 5/325 mg tablets at 7:03 a.m., 10:36 a.m., and 4:32 p.m., licensee did not document administration or wastage of the medication.	Probation 5/29/2007 to 5/29/2008
Tamara L Rossi Ozark MO	RN119330	Section 335.066.2(2), RSMo 2000 On 1/31/06, Licensee pled guilty to Unlawful Use of Drug Paraphernalia.	Probation 4/12/2007 to 4/12/2012
Jonathan L Sorenson Belleville IL	RN129825	Section 335.066.2(1), (5), (8), (12), AND (14), RSMo 2000 Licensee was disciplined by the Illinois Board of Nursing.	Probation 5/30/2007 to 5/30/2009
Barbara L Thomas Harrisonville MO	PN046283	Section 335.066.2(8) and (15), RSMo 2000 Licensee was disciplined by the Kansas Board of Nursing. Licensee was placed on the Federal Exclusion List.	Probation 3/7/2007 to 3/7/2009
Kimberly C Tipton Raymore MO	RN116499	Section 335.066.2(10), RSMo 2000 On 3/18/06 a patient's IV infusion machine began beeping. The patient was assigned to another registered nurse. Licensee reported that the registered nurse had gone to lunch shortly before or shortly after the IV began beeping. Licensee stated that she had the IV fluid in her hand and was prepared to hang them when one of her patients needed her. Licensee then handed the IV fluid to the unit clerk who was also in nursing school and Licensee told the clerk to think of herself as a nursing student and hang the IV fluids.	Probation 3/10/2007 to 3/10/2008
Thomas D Tosspon Liberty MO	PN042736	Section 335.066.2(2), RSMo 2000 On 9/10/05, Licensee pled guilty to Driving While Intoxicated and Operating Motor Vehicle in a Careless and Imprudent Manner.	Probation 6/1/2007 to 6/1/2008
Leamorn D Wiegert Florissant MO	PN039685	Section 335.066.2(15), RSMo 2000 On 7/7/05, Licensee was place on the Department of Health and Senior Services EDL.	Probation 3/7/2007 to 3/7/2009
Connie Worley Glen Carbon IL	RN095408	Section 335.066.2(5), RSMo 2000 Licensee worked the day shift on January 14 and January 20, 2006 and multiple discrepancies were found in her documentation and administration of narcotics during both shifts.	Probation 6/1/2007 to 6/1/2009
Diana Marie Yenne East Alton IL	RN2005010032	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 Licensee submitted to a drug screen which was tested positive for Hydromorphone.	Probation 5/17/2007 to 5/17/2010

SUSPENSION/PROBATION

Name	License Number	Violation	Effective Date of Suspension
Karen E Rhine Miami OK	RN2000170582	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 2/20/06, Licensee had a grand mal seizure at the nurse's desk. Licensee admitted to stealing Demerol and injecting it herself. Licensee stated to staff that she took Demerol every night that she worked and during this last shift, she would go into the bathroom and inject the drug.	Suspension 4/26/2007 to 4/26/2008 Probation 4/27/2008 to 4/27/2013
Barbara J Ten Eyck Saint Louis MO	RN106658	Section 620.153, RSMo In May 2003, Licensee violated the terms of her Settlement Agreement with the Board by consuming alcohol.	Suspension 3/20/2007 to 9/20/2007 Probation 9/21/2007 to 9/21/2012
Susan R Volner Saint Joseph MO	RN110391	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 Licensee was questioned regarding narcotic discrepancies. She was asked if she would submit to a drug test. At that time Licensee stated to staff that she had used methamphetamine before coming to work. She was terminated and did not complete the test.	Suspension 5/17/2007 to 11/17/2007 Probation 11/18/2007 to 10/18/2012

REVOKED

Name	License Number	Violation	Effective Date of Revocation
Diane E Barnes Branson MO	RN096192	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 3/7/2007
Sarah B Boos Raymore MO	RN105567	<b>Section 620.153, RSMo 2000</b> On 1/17/05, Licensee submitted to a for cause drug screen which was positive for opiates.	Revoked 3/8/2007
Kristin Marie Cloepfil Saint Joseph MO	PN2000165069	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation.	Revoked 3/8/2007
Joann M Eike Eureka MO	RN140321	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. On 10/20/06, Licensee submitted to a urine sample for random drug screening which was positive for the presence of oxycodone.	Revoked 3/7/2007
Julie L Hanline Atlanta MO	RN110642	<b>Section 335.066.2(5) and (12), RSMo 2000</b> Licensee provided mental health service to an inmate. During a routine cell search, several handwritten letters were found. Licensee reported writing the letters found in Inmate's cell and further stated that she had more than 100 letters at her house from the Inmate.	Revoked 5/16/2007
Cynthia R Johnson Bloomfield MO	PN2002005297	<b>Section 620.153, RSMo 2000</b> On 3/9/02, Licensee entered a pharmacy and presented a written prescription for Oxycontin 60mg. The physician did not prescribe Oxycontin for Licensee and the prescription was prepared without the physician's knowledge or authorization.	Revoked 3/7/2007
Meredith Lynn Mathes Columbus KS	RN2002016191	<b>Section 620.153, RSMo 2000</b> On 9/9/06, Licensee was working in the hospital's emergency room when a patient was brought to the hospital for seizures. The patient had a speech impediment. Licensee mocked the patient by imitating his speech impediment and then laughing about the patient's speech impediment.	Revoked 3/7/2007
Angela M Miller Galena MO	PN052613	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation.	Revoked 3/8/2007
Sharon R Pool Farmington MO	PN033076	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 3/7/2007
Brenda L Routon Greenwood MO	PN029597	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 9/5/06, Licensee signed out a Duragesic, as ordered, for patient C.M., but Licensee did not administer the Duragesic to Patient C.M. Licensee also failed to document the wastage of the Duragesic patch. On 9/6/06, a card of Vicodin and Ambien were reported missing. On 9/9/06, Licensee submitted to a drug screen which was positive for Opiates.	Revoked 4/7/2007
Suzanne M Ruckman Monett MO	PN038999	<b>Section 620.153, RSMo 2000</b> On 1/31/06, Licensee was transported to the emergency room and reported taking Diazepam for her severe head and neck pain due to a migraine. Licensee also reported smoking marijuana 4-5 times a month. On 1/31/06, Licensee submitted to a drug screen which tested positive for Amphetamine/Methamphetamine, Benzodiazepine, Cannabinoids and Opiates.	Revoked 3/8/2007
Julie A Simpkins Pea Ridge AR	PN041132	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 3/7/2007
Darlana Wheeler Independence MO	PN047938	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation.	Revoked 3/9/2007
Jason C Wright Pevely MO	RN124058	<b>Section 620.153, RSMo 2000</b> Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. On 11/22/06 and 11/28/06, Licensee submitted urine samples for random drug screening. The 11/22/06 sample tested positive for the presence of nordiazepam, oxazepam, temazepam and oxycodone. The 11/28/06 sample tested positive for the presence of oxazepam and oxycodone.	Revoked 3/7/2007





VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Voluntary Surrender
Cathy J Armbruster Elberta AL	PN049546	<b>Section 335.066.2(8), RSMo 2000</b> On 8/2/05, Licensee voluntarily surrendered her nursing license to the Alabama Board due to substance abuse.	Voluntary Surrender 4/7/2007
Julie Lynn Bishop Grandview MO	PN2000164054	<b>Section 335.066.2(2), RSMo 2000</b> On 2/10/06, Licensee plead guilty to a Felony for receipt of child pornography over the Internet.	Voluntary Surrender 3/7/2007
Fenwick C Byrd Topeka KS	RN114551	<b>Section 335.066.2(5), RSMo 2000</b> On 11/16/06, the Kansas Board of Nursing issued an Order revoking the registered professional nursing license.	Voluntary Surrender 4/26/2007
Amanda Sue Edwards Frohna MO	PN2002022363	<b>Section 335.066.2(1), (5), (12) and (14), RSMo 2000</b> Licensee removed a bottle of morphine from the facility and used it herself. On 3/27/05, licensee submitted a urine specimen that was positive for opiates, morphine, and hydromorphone.	Voluntary Surrender 5/11/2007
Donna K Griffith Urich MO	PN032883	<b>Section 195.202</b> Licensee signed off that she and another witness had destroyed 11 cards of patient medication, including Vicodin, Lorazepam, Alprazolam, Propoxyphene, and Ambien. Licensee admitted that she had taken the 11 cards. She explained that she had taken some Vicodin for personal use.	Voluntary Surrender 3/21/2007
Tricia Lynette Holt Springfield MO	PN2000171677	<b>Section 335.066.2(1), (5) and (12), RSMo 2000</b> On 4/1/04, Licensee submitted to a drug and alcohol test which was positive for alcohol.	Voluntary Surrender 4/28/2007
Hetty M Johnson Reeds Spring MO	PN037015	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 8/26/06, licensee was terminated for failing to follow physician's orders regarding administration of IV fluids, by failing to distribute the fluids properly and administrating the fluids too often during her shift. Licensee also failed to document the administration of IV fluids properly.	Voluntary Surrender 5/17/2007
Sharon S Kinnaman Osage Beach MO	RN052802	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> Upon an investigation of 14 patient charts, Licensee was found to have: written orders for Demerol without physicians' orders on two charts; administered Demerol without a physicians' order four times; administered one dose of Demerol in excess of the prescribed order; administered Demerol more frequently than ordered on three charts; failed to record waste for Demerol six times on five charts for a total of 210 mg. of Demerol and withdrew 375 mg. of Demerol with no record of administration of the drug on five charts. On 6/7/04, Licensee submitted to a for cause drug screen which tested positive for Benzodiazepines, Opiates (Demerol) and Barbiturates.	Voluntary Surrender 4/26/2007
Sara E Laurie Atchison KS	PN030685	<b>Section 335.066.2(1), (5), and (12), RSMo 2000</b> On 4/23/06, staff received complaints from residents that medication they had been given was not their medication. Licensee was observed telling residents that their medication had been changed and that it was okay to take the medication. On 4/23/06, a cup was found in the top drawer of the medication cart with approximately 30 pills inside. The pills were for various residents, some where controlled substances and others were unidentifiable. There was no way to track who the medications were for. Licensee had already signed out the medications for the 3:00pm, 5:00pm or 6:00 pm at 1:30pm in the afternoon. When confronted by the Director of Nursing about the pills in the cup, Licensee explained that the narcotics in the medication cup had not been given yet, but she knew the 9 residents would want them later in the day and she knew who the pills were for, so she went ahead and signed the controlled drugs out. On 4/12/06, resident S.S. submitted a complaint to staff that Licensee had given her a cup of medication to take at 7:30 am. Resident S.S. reported that Licensee had already given her these same medications previously at 7:15 am on the same morning. Resident S.S. refused to take the medication, and placed them in her bedside drawer. Resident S.S. also reported that Licensee had given her Coumadin, which was not due until 9:00 pm and stated that Licensee used her bathroom and put personal items in her refrigerator. On 4/12/06, Resident B.J. reported that Licensee brought in the wrong medication and she refused to take it. Another resident M.O. reported that on 4/23/06, Licensee ate one of her pieces of toast (after asking for it). On 6/10/06, Licensee reported attending Re-Discover (an inpatient treatment facility) for treatment related to cocaine addiction.	Voluntary Surrender 4/26/2007

Voluntary Surrender cont. from page 32

Name	License Number	Violation	Effective Date of Voluntary Surrender
Phillip A Lucas Columbia MO	RN148884	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 9/17/06, while on duty, Licensee was assigned to care for a patient. Licensee failed to suction the patient, failed to change the patient's trach sponge, illeostomy bag and diaper. In addition, Licensee falsified the patient's medical records in that he documented taking the patient's blood pressure throughout his shift per physician orders. On 9/19/06, while on duty, Licensee was assigned to care for a patient. Throughout his shift, Licensee failed to conduct Neurological checks every two hours as ordered by the physician, failed to check the patient's ventric site for leakage after the out-going nurse reported and documented possible leaking from the site and Licensee failed to accurately document the patient's output and conduct blood pressure checks as ordered.	Voluntary Surrender 5/26/2007
Donald T Miller, II Joplin MO	RN147619	<b>Section 335.066.2(2), RSMo 2000</b> On 3/19/07, Licensee pled guilty to the felony charges of Stealing and Forgery.	Voluntary Surrender 5/5/2007
Gwenyth M Taylor Tucson AZ	RN119528	<b>Section 335.066.2(8), RSMo 2000</b> Action in another jurisdiction by the Arizona State Board of Nursing. On 9/14/04, Licensee made inappropriate statements that were overheard by a patient's daughter and appeared to not know how to insert a NG tube.	Voluntary Surrender 3/7/2007
Supattra Watanathai Colton CA	RN063044	<b>Section 335.066.2(8), RSMo 2000</b> On 1/4/06, the California Board of Nursing issued an Order accepting the voluntary surrender of Licensee's California license.	Voluntary Surrender 4/14/2007
Amanda Marie Wilkey Newburg MO	PN2004030238	<b>Section 335.066.2(14), RSMo 2000</b> In May of 2006, due to medication discrepancies, Licensee submitted to a urine drug screen which tested positive for Opiates and Benzodiazepines, specifically Hydrocodone, Hydromorphone and Lorazepam.	Voluntary Surrender 5/17/2007